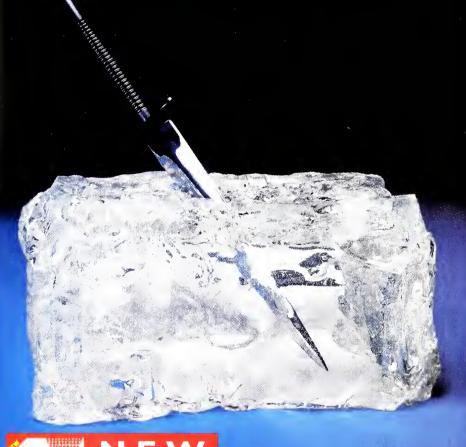
CHEMIST& DRUGUST

THE NEWSWEEKLY FOR PHARMACY

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Strepsis

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2 November 1996

Aston PACT course put to good use

Barnet proposes 'high cost drug' contract

Lib Dems launch policy on pharmacy at YPG

Update:

taking a trip into mind abuse



Scottish Pharmacists tackle primary care

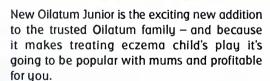
SB seeks to improve your retailing skills

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harmacists are here to stay, but they will have to adapt quickly to survive ... the difficulty community pharmacists face in developing within the primary care-led NHS is their lack of 'head space' ... a company or NHS trust unencumbered with premises and service provision might be well placed to develop home care services ... there is an emerging group of primary care pharmacists who provide services to GPs. These points were made by the Department of Health's chief pharmacist, Bryan Hartley, in March, and one wonders whether he was speaking with knowledge of the changes proposed in the primary care White Paper published last month. While pharmacy bodies have given the White Paper a cautious welcome, the ramifications of the way service provision could develop is only now beginning to dawn. If community pharmacists are to 'break free' and benefit from the greater flexibility offered to health authorities in purchasing pharmacy services, they are going to have to move fast. One LPC secretary has already found his health authority has plans to contract a team from a hospital trust to take pharmacy services to local GPs. Many FHSA pharmaceutical advisers come from a hospital background and are well versed in the clinical skills of their erstwhile colleagues. And if the Royal Pharmaceutical Society is intent on pressing for national standards for service provision, it, too, will have to get its foot in the door before purchasers and providers settle their own criteria. The fragmentation of service provision may be such that it is impossible, during the transitional period, to impose standards nationally. The message coming through is that pharmacists will feature as players in the primary care team, but not in the way that aspiring community practitioners many anticipate.

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Eli Lilly hopes to sponsor another course early next year

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PACT course put into practice

A. i ast two pharmacists who completed a course on PACT analysis and formulary production at Aston University this summer are already putting their knowledge into practice. Eli Lilly & Co, which sponsored the independently-taught course, is hoping to sponsor another in the first half of next year.

Lindsey Fairbrother, who works for the Co-op in Stoke-on-Trent, has gained funding from the health authority to spend her half day off helping a local surgery. She has had three meetings with the GPs, looking at their PACT data and suggesting ways they can save money. She has produced an antibiotics formulary, restricting prescribing to three- or five-day courses. The next step is to help make the practice's repeat prescribing process more efficient.

"I'm very pleased at the way things are going," she told *C&D*. "Hopefully, now I'm at the surgery every week they will see me as part of the team."

Caroline Galloway of Galloway's Pharmacy, Coventry, is working with a local surgery on PACT analysis and formulary development. She hopes to prove to the GPs that a pharmacist's input is worthwhile so they will

then pay for her advice on a regular basis. She feels there is potential for a pharmacist's input at the surgery on at least half a day a week.

Other pharmacists who were on the course are making preliminary contacts with GPs. They met recently for the first in a series of quarterly updates at which they share experiences and receive further training on specific therapeutic areas.

The course at Aston University, which runs one day a week for five weeks, usually costs \$300. Course organiser Sue Lunec told *C&D* that pharmacists whose

local GPs had already expressed interest in advice on prescribing could try approaching the local health authority for funding. She hoped other universities would consider running similar courses in the future. Further details are available on 0121 359 3611 ext 4202.

Lilly's project development pharmacist, Andrew Platten, said that the company's representatives were often asked by GPs for help with PACT analysis and formulary work. There was now a pool of independentlytrained pharmacists to whom they could be referred.

CPAG to create legal sub-group to retain RPM

The Community Pharmacy Action Group is to create a legal sub-group to consider CPAG's approach to the Resale Price Maintenance review.

CPAG's chairman, David Sharpe, said that, in spite of the likely expense involved, the fight to retain RPM had to continue.

Media reaction to the Office of Fair Trading's announcement to refer RPM to the Restrictive Practices Court was considered "sympathetic" to community pharmacy, particularly among the 'quality' newspapers. CPAG is looking to harness this support in the months ahead.

Tim Astill, director of the National Pharmaceutical Association, has written to Bayer thanking the company for its action in taking Asda to court over its refusal to increase the price of Alka-Seltzer.

• A Labour MP has expressed the view that it now seems unlikely that the abolition of RPM can be prevented. John Austin-Walker, Labour MP for Woolwich, was speaking as he visited a branch of BR Lewis Chemists in Welling, Kent, Iast Friday.

He recognised that the scope of pharmaceutical services had been increased, but thought it beyond belief that there is no extra money for the additional services that were provided by pharmacists. He noted that the pharmaceutical global sum only rose in line with inflation.



Another petition against the Resale Price Maintenance review will be formally presented in the House of Common's Chamber in the next week. London Labour MPs Kate Hoey (Vauxhall) and Jim Dowd (Lewisham West) took the 13,000 signature petition to the House of Commons last Thursday. It had been collected with the co-operation of Lambeth, Southwark & Lewisham Council. Pictured are, from left: London Pharmaceutical Council chairman Bob Rihal; Jim Dowd MP; Kate Hoey MP; LPC member Nye Patel; LL&S HA communications director Stephen Langford; LPC secretary Rhona Williams; Ashley Cohen from LL&S HA; and National Pharmaceutical Association chairman Peter Jenkins

Methadone money

A sum of over \$20,000 has been made available for providing booths for supervising methadone addicts in three pharmacies in Blyth, Northumberland.

Northumberland Health has provided the money for a 12-month pilot after concern was expressed that methadone given to registered addicts was finding its way on to the black market.

The scheme will involve over 100 registered heroin addicts. Northumberland Health spokeswoman Carol Ingham stressed that the booths would be for oral administration of methadone only.

PA chief supports pharmacy

The Patients' Association chief executive has given his support to pharmacist prescribing.

Guy Howland said the Patients' Association is looking at the pharmacist's extended role. "Initially, we would like to see them taking over responsibility for repeat prescribing. With additional training, we believe that, working closely with a GP, they could take on a full prescribing role," he says.

Mr Howland's comments come as the Patients' Association pre-

pares a relaunch later this month. It is hoping to achieve a greater profile in its support of patients' rights. He anticipates that, with further training, the pharmacist's diagnostic role could ease the GP's workload.

He also says that he would prefer to be screened by a nurse or a pharmacist rather than by a GP's receptionist. "We know that some highly-skilled people, such as the pharmacist and the practice nurse, are popular with patients but are under-used."

PSNC has its views

The Pharmaceutical Services Negotiating Committee's criticism of the 'New Horizon' document represents its unanimous view, says chairman Wally Dove. But some contractors feel the view is not representative of contractors as a whole, even though PSNC claims to act on their behalf.

Mike Williams, secretary of Solihull Local Pharmaceutical Committee, said that several contractors to whom he has spoken not just locally but from other areas of the country - thought PSNC's reaction to the New Age proposals was unconstructive and "smacks of trying to maintain the status quo". They particularly object to PSNC believing it should be the only organisation involved in discussions on remuneration policy with the Department of Health. PSNC's response to the Royal Pharmaceutical Society's New Age proposals had described as "unhelpful and bizarre" a suggestion that other interested bodies, including those outside the profession, should join in a review of alternative remuneration structures.

Contractors have told Mr Williams they would not object to PSNC having the sole input into remuneration if it got decent results. They felt that bodies such as the Community Pharmacy Group could have a useful input.

Wally Dove told C&D this week that PSNC had always said it would be happy to discuss remuneration structures with the Society: "We're not trying to be totally arrogant and say PSNC has the monopoly on good ideas."

What PSNC objected to, he said, was outside organisations, such as the Consumers' Association, becoming involved. He added that contractors could have submitted their views on the New Horizon document to PSNC via the regional representatives.

High-cost drug list proposed

Barnet Health Anthority is to consider "establishing a list of high-cost drugs which could be the subject of a separate contract".

The move, which is listed in its Purchasing Plan for 1997/98, comes with a proposed increase in the extra-contractual referral budget for high-cost prescripfions, such as for beta-interferon.

Pharmacists can also expect to see an IIA-funded project to enable them to "take a full part in health promotion and pursuif of the Health of the Nation targets". These will concentrate on smoking prevention, obesity and physical activity to improve coronary heart disease figures

Drugs awareness training may be given to health professionals including pharmacists, as part of the Effectiveness Review of Scrvices for Drug Misusers established by the Department of Health in May.

Patients want say in treatment



Patients are no longer passive recipients of healthcare but want more say in their treatment choices and in overall health policies.

The message emerging from a *Pharmaceutical Times* seminar held in London last week was that patient power could no longer be ignored and that pharmaceutical companies should become more patient-focused.

Nick Partridge, chief executive officer of the Terrence Higgins Trust, explained how AIDS activists had lad a profound effect on the way the medical profession and the industry regarded patients. People with HIV had become active in research decisions and had influenced the design of clinical trials, enabling the critically ill to obtain medicines at an earlier stage in development. They had opened doors for other lay groups to join strategic committees, such as those of the Medical Research Council.

"To some, AIDS activists are the embodiment of patient power. They have certainly been the noisiest," said Mr Partridge.

Some people with HIV – particularly the less educated and less affluent – were still happy for

doctors to make all the decisions for them. However, many others felt they had to fight for their own lives, "They often know more about what is going on than their doctors, helped by extensive information networks. It is not uncommon to hear conversations about protease inhibitors in the pub," he said.

"Many patients have found that by actively participating in their own treatment they get well faster or, if they are the long-term chronically ill, they lead longer, more satisfying lives."

He suggested that the industry could benefit from collaboration with patients as it enabled patients to comment on products and trial protocols, helping companies avoid problems before they arose.

Trevor Jones, director general, Association of the Brifish Pharmaceutical Industry, said that working with patient groups was part of the ABPTs strategy. The association was setting up a dialogue with the Long-term Medical Conditions Alliance and the Genetic Interest Group, and was producing informative booklets.

There were, however, legal constraints on what companies

could say about their products. "I think that's got to change," he said, although he defended the ban on direct advertising of Prescription only medicines to the mublic

The industry also needed to encourage patients to have a better dialogue with doctors.

"Why shouldn't the patient say, OK, so I've got depression, why are you giving me this tricyclic rather than Prozac?" It's their life, why can't they take command?"

The acknowledged that this type of comment might be unwelcome during a busy surgery, but thought that, ultimately, better informed patients would be less of a burden on their GPs.

• A National Health Information Resource Centre is being set up to advise NHS staff, including pharmacists, on where fo find high-quality, up to date information in a patient-friendly form. It will develop a database of patient information about health services and evidence-based treatment choices and outcomes. Tenders to run the service have been submitted and a decision is expected by the end of November.

Chelsea celebrates

Kings School of Pharmacy in the University of London is celebrating its centenary this weekend.

Around 300 former students and lecturers are attending the event, which includes a conference and reunion dinner.

Welsh figures

The number of prescription items dispensed in Wales in the year to Warch was 36.3 million. This is an increase of 15 per cent compared to the same period ending March, 1992. The proportion of generically-written prescription items dispensed has risen from 40 per cent to 52 per cent in the same period, according to the latest quarterly statistics published by the Welsh Office.

ABPI compendia

The new 'ABPI Compendium of Patient Information Leaflets' has been published. The third edition reproduces 530 leaflets, 100 more than last year. The new edition of the 'ABPI Compendium of Data Sheets' with 200 new entries has also been published. They are provided free to all pharmacies. For further information write to Datapharma Publications, 12 Whitehall, London SW1A 2DY.

Malone opening

Health minister Gerald Malone has accepted an invitation to open a refitted pharmacy in Lambourn, Berkshire, on Monday morning. The refit at Lambourn Pharmacy places greater emphasis on health promotion and received a grant from Berkshire Health Authority to provide a patient consultation area.

Scottish scripts

Scottish contractors dispensed a total 4,520,290 prescriptions in July at a gross cost of £44,801,947. The average ingredient cost was £8.34, and the cost to the Exchequer was £42,787,821. The number of persons on prescribing doctor lists was 5,353,347 as at October 1, 1995. The cost per person on lists was £8.50 gross, or £8.04 net.

November Healthwise

The topics to be covered in the TV health information service on Teletext (p559 on ITV and Channel 4) in November are week commencing November 4: mother & baby week; cradle cap; baby food and drinks; allergies; postnatal depression. November 11: stress week; anxiety; depression; sleeplessness; giving up smoking. November 18: flu week. November 25: mumps; headlice; migraines; measles.

United to govern and lead CPAG not on the side of pharmacists

The Young Pharmacists' Group's 11th annual conference in Birmingham aimed to unite delegates to lead the profession forward. To set it on its course, the Liberal Democrats launched its policy on pharmacy and John Monks of the Trades Union Congress gave delegates a few hints on setting up a trade body

Pharmacy is a massively underused resource which the Liberal Democrats is determined to exploit to the full, said Mike Hadley, a pharmacist and health spokesman for the Party, as he unveiled its policy on pharmacy.

"The profession and Government need to work together to show that it is in the public interest to develop pharmacy as a pivotal professional service throughout healthcare."

The Party's pharmacy policy recognised particular areas in pharmacy that it wanted to develop and support to ensure cost-effective and safe use of medicines. But it also recognised that a remuneration package based on the services provided by each pharmacist was central to achieving this.

"I believe there should be a standard basic salary supplemented by payments for every value service offered to patients and an additional element to reflect experience and expertise," he said.

Mr Hadley stressed that the Party was against abolishing Resale Price Maintenance and would only change its position if safeguards were put in place.

The Liberal Democrats policy on pharmacy includes:

- contributing to the Health of the Nation through management of prescribed medicines, chronic conditions and common ailments; promotion and support of healthy lifestyles; and being an information provider
- encouraging pharmacist support by adequate training and education
- establishing how pharmacists can contribute professionally in a competitive environment
- raising public awareness of the pharmacist's role



Lib Dems' Mike Hadley

- encouraging POM to P switches
- permitting generic substitution encouraging use of technology
- encouraging the RPSGB to review its policy on standards for pharmacy premises and practice.

Community Pharmacy Action Group does not protect pharmacists, but the big retailers. wholesalers and manufacturers. according to Nick Cooper, Asda's assistant company secretary.

"Is the CPAG really on the side of community pharmacy? I don't think it is altruism," said Mr Cooper. He believed the PR agency promoting the CPAG and Resale Price Maintenance was more concerned with looking after the interests of the big



Nick Cooper from Asda

industry players that it represented rather than the pharmacists themselves.

He also added that it was the drug companies that ran the profession. Of the \$300 million overcharge brought about by RPM, 90 per cent ended up in their hands.

Asda recognised that community pharmacy offered an important healthcare service and anyone who held patient interest at heart would examine the wider pharmacy role of dispensing patient care, "Customers have been overcharged for far too long," he said.

Needing a dose of self-confidence

Pharmacy needs a massive dose of self-confidence when it comes to selling itself to the media, Liz Hunt of The Independent told delegates at the 'Question Time' session.

Answering questions on how pharmacy can improve relations with the media and raise awareness of the profession on such issues as Resale Price Maintenance and the White Paper on primary care, Ms Hunt, a former C&D news editor, said that the confidence that pharmacists have when they leave college starts to disappear once at work. "You have become timid and scared. You need to be braver.'

The media, she said, had a much better relationship with the medical profession because they were

better organised and stories were 'sexier' for the national press. The Royal Pharmaceutical Society was often reluctant to comment, sometimes redirecting enquiries to the British Medical Association.

She admitted that pharmacy worked well in the local press, but nationally the profession was seen as full of "whingeing pharmacists" looking out for their own interest.

Peter Curphey, vice president of the RPSGB, agreed that the press often had a different agenda from that of the profession and it was important to angle pharmacy issues to address public interest. However, it was important to find the right story to impress the press about. "The opportunity lies in what we can offer, not what we are offering at the moment.'

Guy Howland, chief executive of the Patients' Association, believes pharmacy should confine itself to two or three key messages which it can "hammer away" at until they get through to the media. "You must make sure you are in there lighting with the PA and the BMA to let people know that you exist ... You've got to be aggressive because the media is very aggressive."

Solid core essential to the formation of a trade union

Pharmacy needs to develop a stronger occupational identity if it is to have a successful trade union in place, advised John Monks, general secretary of the Trades Union

There is no point having a weak union. "You need a fair measure of agreement and a good solid core committed to making it work," he stressed. Once that affinity is achieved, the union can then establish itself with the employers.

An increasing number of professional, white collar groups were forming trade unions because John Monks, general secretary of the widespread sense of economic uncertainty. However,



of the TUC

whereas the grievances of healthcare groups, such as the nurses, were well known by the TUC, little was known about pharmacy.



The 'Question Time' panel (from left to right): Fiona James, Liz Hunt, Alison Blenkinsopp (question master), Guy Howland and Peter Curphey

N IRELAND NOTEBOOK

ADR reporting – an opportunity missed

Adverse drug reaction is a phrase I seldom hear these days, yet I suppose it is as common now as it was back in the 1970s, when every pharmacy meeting echoed the need for greater professional involvement in ensuring a reduction in these negative drug effects.

In the 1960s, the UK led the world in developing systems to minimise ADRs – mainly clinical trials for new medicines and post-marketing surveillance once they were released to the market. Both processes were designed to identify rare and dangerous reactions that cannot be predicted.

The more common ADRs are predictable and dose-dependent,

The dream of what value pharmacy might contribute seems to have evaporated

and occur with all medicines. These are the ones the GP and the pharmacist can reduce by proper prescription writing, assessment before dispensing and patient advice/education. The significance of this was not missed by our profession in the 1970s, but the dream of what value pharmacy might contribute seems to have evaporated

The introduction of pharmacy computers, especially with accompanying drug interaction programmes and patient medication records, all seemed to bring this dream nearer. But now I seem to spend most of my working day ignoring the warnings of interactions from my computer.

Initially, when the computer was a novelty, 1 actioned most alerts, but experience showed that, since the vast majority turned out to be of no clinical significance, my actions only seemed to irritate the patient or GP. I seldom need to refer prescriptions back and most problems are not identified by the computer

ADRs are still frequent and, whereas all pharmacists do contribute to reducing them, I feel that, as a profession, we have not been able to develop, or have not been allowed to develop, the clinical skills necessary to manage patients individually. We view drug interactions that lead to ADRs as black and white issues, which is unrealistic in the real world.

Written by a practising Northern Ircland community pharmacist.

Topical Reflections

Battling on against all the odds ...

Incontinence and ostomy supplies have always been a sore point with me because not only do I have to compete with mail order appliance contractors offering 'free' perks to their clients, but, as if to rub salt into the wound, my local hospital ostomy nurses are still recommending these companies in preference to the patient's local pharmacy.

Last time I wrote about these problems, I threatened to wash my hands of the whole affair and give up the unequal struggle, but I have an obstinate streak and, instead of giving in, I have now managed to squeeze a few extra percentage points of profit out of my suppliers, sufficient to make fighting for clients a more worthwhile occupation.

I know I will not be receiving up to the 25 per cent on cost that appliance contractors enjoy, but even so, I do offer a delivery service. I can now obtain disposal bags free of charge from my suppliers and out of my slightly better margins provide the similar perk of free wipes.

The net result is that I now supply more colostomy clients than ever before and the word is spreading. Every new patient gained is one in the eye for the mail order appliance contractors. At the high cost involved with most prescriptions, these increased margins now make my delivery and advice service just about viable.

The increased goodwill is, of course, a bonus, but I still resent the knowledge that

with every patient I gain it is the Treasury which gains the most. It could at least acknowledge my efforts and encourage the Department of Health to add to the Tariff those wipes so understandably coveted by so many clients!

Going back to the basics

The report of the autumn conference of the Institute of Pharmacy Management International in last week's *C&D* makes essential reading, because it highlights many of the deficiencies of small independents, which are often held by them to be advantages.

Minority merchandising is the instinctive reaction of a retailer unable to compete with multiple opposition, and the diminishing significance of mainstream product ranges in many independents is the result.

It is only in the field of OTC medicines that pharmacists hold a vital advantage, but with the Office of Fair Trading referring Resale Price Maintenance on medicines to the Restrictive Practices Court, that advantage, too, could soon be under threat. I have no doubt that RPM will eventually be affirmed but, nevertheless, independent pharmacies must now look critically at their marketing techniques.

For my own survival I must now ensure customer flow by establishing the veracity of own-branded products and even perhaps reviving some of my old nostrums, which I have neglected in favour of buying time by recommending established market leaders.

In future, my survival could well depend not just on



customer loyalty but also on the perceived efficacy of medicines not available from the opposition. Recommended with professional confidence, these effective nostrums of yesteryear could yet again provide the basis for many a small independent's survival.

Get your facts straight!

I can only suggest that E B Collishaw has a word with his optician because he or she seems to have problems reading (Letters, C&D October 26).

I consider it insulting to myself, and the vast majority of other community pharmacies, to suggest that Unipath's decision to exclusively supply Persona to Boots for one year implies that our premises are neither clean nor modern. I can only assume that Mr Collishaw's premises meet Unipath's demanding standards and now benefit from Persona sales!

As for contraceptive advice, optical advice or medical advice, I derive profit only when that advice is accompanied by a sale, but if, in my professional opinion, the customer's welfare would be best served by referral to an alternative professional, that is where I will send them. This is one of the major roles of the community pharmacist, 'the new gatekeeper to healthcare', but in the current political climate obtaining fees for that role is our greatest challenge.

SCRIPTSpecials

Syscor – a new Ca antagonist

Bayer has launched Syscor MR (nisoldipine), which it claims is the most vascular-selective calcium antagonist for the treatment of angina.

Nisoldipine, a third generation

Zydol Soluble

Searle has launched a soluble formulation of Zydol (tramadol hydrochloride 50mg). The tablets should be dissolved in at least 50ml of water before administration. Zydol Soluble is available in packs of 20 tablets (basic NHS price £3.19) and 100 tablets (£15.95). Searle. Tel: 01494 521124.

Regulan Original

Regulan Original has been discontinued leaving Regulan Orange and Lemon & Lime flavours.

Procter & Gamble Pharmaceuticals UK Ltd. Tel: 01784 495000

Colomycin availability

Colomycin 0.5mu vials are temporarily out of stock. Colomycin 1.0mu vials can be used as a substitute by doubling the amount of reconstitution

Pharmax Ltd. Tel: 01322 550550.

Navoban revised

Sandoz has modified the hypersensitivity contraindication statement for Navoban (tropisetron) to 'hypersensitivity to tropisetron or other 5-HT3 receptor antagonists'. Sandoz Pharmaceuticals UK Ltd.

Tel: 01276 692255.

3M inhaler placebos

3M is giving away free placebo inhalers to help children practise correct metered dose inhaler techniques. Orders can be placed with the company direct. 3M Health Care Ltd. Tel: 01509

Ronicol Timespan

The current supply problem affecting Ronicol Timespan 150mg does not apply to Ronicol 25mg x 100 tablets. Solvay Healthcare Ltd. Tel: 01703 472281.

dihydropyridine calcium antagonist, is a coronary vasodilator having a greater affinity for vascular smooth muscle, particularly the coronary arteries, than for the myocardium. It has no negative inotropic effect on the heart at therapeutic doses and does not modify conduction.

Its greater affinity for depolarised ischaemic cells allows them to recover more quickly when the blood supply returns.

Syscor MR is effective as monotherapy in the treatment of angina or combination therapy with beta-blockers and/or longacting nitrates. It has a very low incidence of acute peripheral vasodilation effects, such as flushing and headache.

lts Coat-Core (film-coated) formulation allows a once daily dose giving extended-modified release over a 24-hour period, with minimum fluctuations in plasma profile.

Syscor MR is available in three strengths: 10mg (28 tablets, basic NHS price \$9.80); 20mg (28, \$13.72) and 30mg (28, \$17.64).

Indications: first-line treatment of mild to moderate arterial essential hypertension and the prophylaxis of chronic stable angina pectoris.

Dose: once daily doses; initially 10mg for angina, increased to a maintenance dose of 20-40mg. In hypertension, initially I0mg, increased where necessary to a maximum of 40mg. Patients should be assessed at least one week after the start of therapy before titration to a higher dose.

Avoid in hepatic impairment. The elderly should be started on the lowest effective dose and titrated up if appropriate.

Syscor MR should be swallowed whole before breakfast (fasting state).

Contra-indications: pregnancy and lactation, children under 12 years, cardiogenic shock, known hypersensitivity to nisoldipine.

Interactions: additive effects with beta-blockers may cause postural hypotension. Cimetidine may potentiate antihypertensive effect of nisoldipine. Avoid concomitant administration with rifampicin, phenytoin, carbamazepine or grapefruit juice. Nisoldipine dose may need to be increased when taken with quinidine.

Side-effects: oedema, headache. flushing, tachycardia and palpitation may occur on start of therapy. Dizziness and gastro-intestinal disorders may occur. Enzyme disturbances may occur but will return to normal with use; if not, treatment should be stopped.

Bayer plc. Tel: 01635 563000.

Diovan for hypertension

Diovan (valsartan) is a new highly selective angiotensin ll-AT1 receptor antagonist for the treatment of hypertension.

Ciba Pharmaceuticals phased Diovan into hospitals and it will be available in community pharmacy from December. Diovan capsules come in three strengths: 40mg (basic NHS price seven, \$3.35); 80mg (28, \$15.75); and 160mg (28, \$19.69).

Clinical studies have shown the drug to be as effective as amlodipine and enalapril. It did not increase the incidence of cough and was not associated with the adverse effects seen with dihydropyridine calcium antagonists.

The recommended dose of valsartan is 80mg once daily with an antihypertensive effect seen within two weeks. If blood pressure is not adequately controlled,

the dose can be increased to 160mg, or a thiazide diuretic may be added. Valsartan may be administered with other antihypertensive agents.

In the elderly and people with moderate to severe renal impairment or mild to moderate hepatic impairment, the recommended starting dose is 40mg. This also applies to patients whose diuretic dose must not be decreased. No dose adjustment is needed in cases of mild renal impairment.

The drug is contra-indicated in pregnancy, severe hepatic impairment, cirrhosis and biliary obstruction. It should also be avoided when breastfeeding.

The company says the sideeffect profile for valsartan is comparable to placebo.

Ciba Pharmaceuticals. Tel: 01403 272827.

Panadol Night Product Information.

Presentation: Green film coa capsule shaped tablets embos 'PN' on one face, contain Paracetamol Ph Eur 500mg Diphenhydramine Hydrochloride Eur 25mg. Uses: Short term treatn of bedtime pain, where pain is cau difficulty in getting to sleep. Dos and administration: For night-time only Adults: Two tablets, two minutes before bedtime. Do exceed the stated dose. Consult a do if symptoms persist for more that nights. Children (under 12 years): recommended, except on doct advice Contraindications: Kno allergy to ingredients, porphy glaucoma; should not be used du an asthma attack. Precautions: with caution in patients with se hepatic or renal impairment, epile prostatic hypertrophy, urinary retenpyloro-duodenal obstruction, myastri gravis, severe cardiovascular dise asthma, chronic pulmonary dise Not to be taken concurrently with o products containing antihistamii other paracetamol containing prock other sedating drugs or alco Caution required in patients take tricyclic antidepressants, metoclopromide, domperide cholestyramine, anticoagulants. Av in pregnancy and lactation unl advised by a doctor. Do not drive operate machinery or drink alco Side effects: Elderly more suscepti Hypersensitivity including skin re rare reports of blood dyscrasias necessarily causally related) jaundice; sedation; antimuscar effects including dry mouth, urin retention, blurred vision, thicke respiratory tract secretions and cl tightness; transient bradycar tachycardia in high doses. Headad photosensitivity; G-1 disturbanc psychomotor impairment occasion

Legal category: P.

Product licence number: 00071/04 Product licence holder:

SmithKline Beecham Consurt Healthcare, Brentford, TW8 9BD, U

Presentation and RSP: 10 tablets £1.95, 20 tablets £3.15. Date of preparation: September 19

SmithKline Beecha Consumer Healthcare

SmithKline Beecham Consumer Healthc Brentford, TW8 9BD, U.K.

@ Panadol is a registered trade ma

L. Data on file



Eases pain gently to sleep

Over 30% of adults suffer pain at night which disrupts their sleep¹. Pain like migraine, backache, toothache and period pain.

New Panadol Night is an innovative combination of paracetamol and diphenhydramine which eases pain gently to sleep

Exclusive to pharmacy and supported by a £2.3m marketing spend, it's what your customers have been waiting for. Available now.

COUNTERpoints

Unichem's Pharmacy cough and cold cures

Unichem has launched four new Pharmacy only own-brand products to tie in with its November cough and colds healthcare theme.

They are own-brand xylometazoline decongestant nasal spray 0.1 per cent w/v (10ml, \$2.89). xylometazoline decongestant nasal drops 0.1 per cent w/v and decongestant nasal drops 0.05 per cent children's formula (both £1.85). Own-brand decongestant tablets contain pseudoephedrine hydrochloride 60mg (12, \$1.49). The adult nasal drops will be discounted by 25 per cent throughout November.

During November and December, Unichem will offer 15 per cent off the trade price for all Warner Wellcome remedies. The same discount is available on Covonia cough products for a minimum order of one case. Unichem is also offering between 17.5 and 20 per cent off trade prices on brand leaders, including Mucron, Strepsils Dual Action, Meltus cough syrups and Otrivine.

The coughs and colds healthcare theme is supported by window posters and consumer leaflets. Advertorials are appearing in the November issues of Essentials and Family Circle, and December issues of Prima and Top Santé.

Unichem plc. Tel: 0181 391 2323.

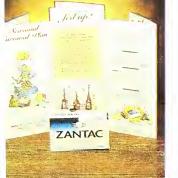


Glaxo Wellcome is distributing its 'Seasonal Survival Plan' leaflet for Zantac 75 through pharmacies.

The educational, lighthearted consumer guide discusses key indigestion triggers and gives tips on avoiding stomach upsets in the festive season.

Copies can be obtained from Munro & Forster Communications on 0171 439 7177.

Glaxo Laboratories Ltd. Tel: 0181 990 9444.



Playing it safe with Durex

A new television campaign for Durex carries a different 'safer sex' warning – that the blissful feeling may last over 48 hours.

Aimed at 16-20-yearolds, the campaign, on MTV Europe, supports the relaunch of Durex Safe Play and runs until the end of next month. It has been directed by Simon Cellan Jones of the ITV drama 'Cracker' fame.

Says Durex brand manager Debbie Zadeh: "Our strategy is to use humour to appeal to the target audience and emphasise how great protected sex can be." LRC Products Ltd. Tel: 01992 451111.





Hill's Balsam goes to press

Windsor Healthcare is running a press campaign for Hill's Balsam cough and cold remedies throughout the winter.

Two full-page, fullcolour advertisements are appearing in key women's magazines until the end of March. One features the pastille range, the other is for the Adult Chesty Liquid. The spend of about £750,000 forms part of the £1 million the company is putting behind the brand this year.

Windsor Healthcare Ltd. Tel: 01344 484448.

Numark promotes its winter deals

December promotions at Numark reflect the demand for preventative measures and cures for winter ailments.

There are three for two deals on multivitamins, multivitamins with iron and cod liver oil (550mg), as well as some lines from the Numark baby wipes range.

Own-brand throat pastilles are reduced to \$0.99.

Numark is offering shareholders:

• 25 per cent off the trade price for ownbrand lemon, honey, and glycerine/blackcurrant and glycerine pastilles10 per cent off the

trade price of own-brand multivitamins, multivitamins with iron, and cod liver oil (550mg)

more than a third off

baby wipe refill packs' trade price and 5 per cent off all Numark pharmacy bags

 Tums, Setlers, Alka-Seltzer and Remegel at trade discounts

• sets of shelf cards, posters and banners to help with the January sales.

Numark Ltd. Tel: 01827 69269.

Concord and Baron brush up in the bathroom for Culmak

Culmak, the manufacturer of shaving brushes, has launched a range of products in time for Christmas. The seasonal gift ideas include:

• Concord – a chromehandled shaving brush with 'badger effect' bristle head (\$2.89)

 Baron – a traditional shaving brush with beechwood handle and natural bristles (\$6.69) • a range of soap and bowl gift sets. Choose from Knight (£5.95), Viscount (\$7.05 – on special offer until the end of November), Baron (£9.40) and Marquis (£10.45).

In addition, the Marquis black-handled shaving brush (\$6.99) will be on promotion until the end of January. Culmak Ltd. Tel: 01438 315300.

Rainbow colours

Mavala has launched six new nail enamel shades. The Mini Colour collection includes: Marine Blue, Orange Juice, Electric Pink, Banana Yellow, Green Grass and Baby Blue (5ml, £2.45). Mavala UK Ltd.

Acdo cleans up

Tel: 01732 459412.

Acdo is to take on the UK distribution of the pan-European Dr Beckmann range of specialist laundry aids from January 1. Not included in the deal is the Stain Devil range of specialised stain removers.

Acdo the Washing Specialists. Tel: 01204 309992.

Nurofen takes shelter

Crookes is launching a poster campaign for Nurofen in Adshel sites around the country this November. The brand advertising campaign is set to exceed £10 million in 1996.

Crookes Healthcare Ltd. Tel: 0115 953 9922.

Paramol for women

Seton is launching a £750,000 winter press campaign for Paramol, targeting women between the ages of 25 and 55. The campaign, which features in the weekly and monthly women's press, continues into the new year.

Seton Healthcare. Tel: 0161 654 3000.

Special recipe

Jacksons is launching its new 'Special Recipe'
Sugar Free Fruit Flavoured Gums on December 1. With less than two calories per gum, the three flavours will appeal to both weight watchers and diabetics (45g, £0.79). At the same time, the company is launching a sucrose-free chocolate bar (£1.33), also suitable for diabetics and those on sugar-restricted diets.

Ernest Jackson & Co Ltd. Tel: 01363 772251.

Attack on children's plaque

Interplak for Kids is the latest model in Bausch & Lomb's range of plaque removing electric toothbrushes (\$52.95).

The brush has a twominute countdown timer, as dentists recommend that two minutes should be spent on cleaning the teeth and gums efficiently twice a day. Four brightly-coloured lights come on at 30-second intervals, so the child knows how long to spend on each side of the mouth. The motor cuts out if the child presses too hard against the gums.

The company says that the correct brushing technique is built into the triple twist three-way action. Interplak for Kids is also designed to remove plaque in hard to reach places, as the rotating tufts of soft

bristle can clean under and around braces and bands. Professional Dental Supplies. Tel: 01480 407123.



For fresh feeds – keep it teat

For mums who prefer to make up fresh feeds on the spot, Cannon Babysafe has launched an Avent sterile teat pack.

The pack is designed to keep the top section of a baby's feeding bottle – teat, screw ring and dormal cap — sterile for up to 24 hours.

The pack is for use on Avent bottles only and comprises two dormals, two screw rings and two base units (£2.99). Teats are not included.

Canon Rubber Ltd. Tel: 01787 267000.

Coloplast opts for telesales

Coloplast is embarking on a telesales initiative for the Compeed Hydro Cure System.

The three-month pilot scheme will target a sample of the 7,000 pharmacies which have not responded to the mailshot for the System sent out last month.

If successful, the operation will roll out nationally next year. Coloplast Ltd.
Tel: 01733 392000.

Gluten-free fare for Christmas

Scientific Hospital Supplies is promoting its seasonal range of glutenfree products under the banner 'Juvela Christmas Fare'.

Gluten-free mince pies are now available. Also included in the promotion

are new-recipe Glutenfree Crispbread and Gluten-free Savoury Biscuits. More details are available on the Juvela advice line – 0151 228 1992. Scientific Hospital Supplies Ltd. Tel: 0151 228 1992.

Radian-B's \$2.5m support package

Radian-B is back on television this winter with a new campaign which forms part of the \$2.5 million support package for this year.

A 20-second range commercial follows a young couple through their week, with the theme 'aches and pains seem to be part of our week'. A ten-second commercial concentrates solely on the recently-launched Radian-B aromatherapy bath product.

Roche Consumer Health aims to reach a wider audience with the advertising's updated image. The campaign runs for five weeks from the beginning of this month and is timed to coincide with the prime purchasing period. Roche Consumer Health. Tel: 01707 366000.



Safe bathing for tiny tots

Playgro, the manufacturer of children's bathing and toilet products, has launched Dapline, a new adjustable bath seat for babies.

Daphne (\$16.99) is designed to be used with infants who are aged from birth to eight months, measure less than 28in tall and weigh less than 17lb.

The seat features a built-in adjustable slide-

stop which can be adapted to the infant's size. It cannot be accidentally removed by the baby moving or kicking, and ensures that the infant's head is kept well above the water.

Daphne can be fitted into baths, sinks and baby baths. It is secured with suction cups fitted to its base that engage firmly with pressure.

Playgro.

Tel: 01536 523188.

ON TV NEXT WEEK

Belle Color: All areas

Benylin Four Flu Hot Drink: All areas except CTV, GMTV, GTV, HTV, STV

Brylcreem: BSkyB, MTV

Ibuleve: U, W, SC4, HTV, G, A, M, CAR, STV

Imodium: All areas except CTV, GMTV

Macleans New Total Toothpaste: All areas

Oil of Ulay: All areas

Nurofen Cold & Flu: All areas

Otex: CAR

Pantene: All areas except GMTV

Regaine: G, C, A, M, CAR

Senokot: U, B, G, Y, C, LWT, CAR, TT

Solpaflex: All areas except U

Synergie: All areas

The Wrigley Company/Sugar Free Brands: All areas

GTV Grampian, B Border, BSkyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

White Paper: NPA cautiously optimistic

The National Pharmaceutical Association remains cautiously opamistic about pharmacists' future prospects following the Government's White Paper on the future of primary care.

However, it is vital, the Board agreed at its meeting last week, that pharmacists should be adequately renunerated for the services they provide apart from the dispensing of prescriptions.

There is concern that the proposals could mean differing standards of service around the country. This would not be in the interests of NHS patients, the NPA feels.

The move to permit pharmacies to provide services outside health authority boundaries has been welcomed. However, Board members felt this relaxation might be abused and the Department of Health should be urged to build in a 'maximum distance restriction' to prevent any particular contractor offering services over too wide an area.

Disease management The NPA has also given its support to the latest draft of the NHS Executive's guidance document on disease management. It is to explore possible collaboration

between the NPA and manufacturers in the formulation of disease management packages.

There are practical difficulties to be overcome, but the Board agreed that it was important for independent pharmacists to remain involved and informed.

P to GSL switches The Association is considering using independent pharmacological consultants to support its campaign against P to GSL switching.

The Committee on Safety of Medicines will only be convinced of the detriment of changing P to GSLs if there was sound scientific evidence to support the arguments.

Intimidation The NPA is to look at providing help to members who are at risk of intimidation and coercion from drug addicts.

Consumer guarantees "A rogues' charter for the unscrupulous" and "a rag-bag of proposals" were two of the descriptions of proposals from the EC on consumer guarantees. The proposals seek to harmonise member states' legislation on guarantees on consumer goods.

It is unclear from the proposals whether non-prescription medicines will be included as consumer goods. The NPA argues that medicines are not ordinary articles of commerce. Also, the two-year liability period that would be imposed on the seller was inappropriate for the types of goods sold by pharmacists.

Community Care Working Group The NPA is to continue to raise awareness of medication issues among social workers and will undertake market research among social services departments to find out their position on accepting pharmaceutical advice.

The Board received a report of the first meeting of a Community Care Working Group, established to assess the social services' view of developments in community care and the pharmacist's potential role as a medication manager.

The Internet The NPA is to encourage more members to use the E-mail and Internet, with possible access software and training courses for members.

No training opt-out for casual staff

The Royal Pharmaceutical Society vetoed any suggestion that casual staff who regularly sell medicines can opt out of proper training.

There can be no exceptions; all assistants who regularly sell medicines must undertake a full, accredited training programme, the Society has told the National Pharmaceutical Association.

The RPSGB had been asked whether it was the intention that casual and short-term staff, such as Saturday employees and vacation students, should undergo a full, accredited training course before being allowed to sell medicines.

The NPA had suggested that the position of such employees could be dealt with by special provision in the sales protocols, recognising their limited knowledge.

• While supporting the introduction of a more pragmatic set of guidelines for the sale of non-prescribed medicines, the Board was disappointed that it had not been consulted by the Society. Head of training Ailsa Benson explained that the revised standards required the rewriting of some of the NPA's counter assistant training material.



The Elida Fabergé smell of success this Christmas

harmacies look set to help increase Elida Faberge's dominance of the male toiletries Christmas market this year, with new gift packs from Lynx, Lynx Skin Systeme, Brut, Brut Aquatonic, Addiction and Impulse.

Thirty-five per cent of all sales are expected to come from the pharmacy sector this Christmas.

Exciting new gift packs from Addiction – the innovative fragrance range for both men and women – will be supported by a new advertising campaign which will set TV screens alight from the beginning of December.

All Elida Faberge's successful fragrance brands are available in exciting gift set combinations with innovative pack designs. Whatever a consumer's budget, there's something in the extensive range to suit all tastes and all pockets – from stocking fillers for under \$5 to a dazzling gift set combination for under \$13.

Each set is designed to offer plenty of choice to suit different consumer needs, high quality and excellent value for money.

Spontaneous buying is big at Christmas, with consumers looking for gift ideas. Research shows that 70 per cent of customers make their purchase decision within 30 seconds, so eye-catching point of sale material is important. That is why Elida Fabergé is committed to helping pharmacists maximise opportunities by providing them with dynamic display material for extra impact.

The number one male toiletries brand, Lynx offers a superb selection of three gilt pack combinations, including products from the new Lynx fragrance for 1996, Atlantis.

The Travel Bag offers consumers a really special gift. Containing Body Spray (150ml), Shower Gel (200ml) and After Shave (100ml), it's available in Atlantis and Africa variants and costs \$12.49.

There is a combination set of Lynx Body Spray (150ml) and Alter Shave (50ml). It's priced at \$5.69 and comes in two variants, Atlantis and Altica.

A popular combination set of Lynx Shower Gel (200ml) and Body Spray (150ml) is available in Atlantis, Africa, Mirage and Java variants, and is very competitively priced at only \$4.19.

The Lynx Skin Systeme gift pack



offers men high-performance grooming products with simultaneous skin care, the fastest-growing

sector in the male toiletries market.

A brand-new pack this year offers Moisturising Shower Gel (200ml), Sensitive Deodorant (150ml) and the latest innovative product in the range, Daily Face Moisturiser (20ml). It's accessibly priced at \$4.99.

Brut is already a major established success in the male gift set market and this year there are two gift packs available in this classic men's range.

The Deodorant (200ml) and After Shave (100ml) combination set really packs a punch, available at \$6.99; while the Shower Gel (200ml) and Deodorant (200ml) come attractively packaged together for \$4.19.

Exciting, eye-catching packaging sets the scene for the gift packs from the Brut Aquatonic invigorating male toiletries range.

Two brand-new product combinations in attractive new pack designs are also available: Body Spray (150ml) and Light After Shave (100ml) priced at \$7.99, and Body Spray (150ml) and Shower Gel (200ml) available for \$4.49. For an extra-special present which women can enjoy as well consumers accel look no further than Addiction.

It boasts two delicious fragrances for men and women, and offers an innovative selection of gift packs stylishly packaged for him and her.

For men: a combination pack of Body Spray (150ml) and EDT (50ml), available in sensual Wild Ginger or Spice Fire fragrances, is priced at \$8.50, or a duo pack, containing Wild Ginger and Spice Fire Body Sprays (150ml), is available for \$5.30.

For women: a twin pack, containing Body Spray (75ml) and EDT (20ml), is priced at \$7.30 and is available in Saffron Silk or Citron Musk, designed to make the wearer 'feel good enough to eat'.

To light up the Christmas period, a combination pack containing a scented candle and an EDT (50ml) available in both fragrances at a cost of \$9.99 is also on offer.

All in all, Elida Fabergé has Christmas wrapped up and increased sales are set to give pharmacists a very merry Christmas.



Rigid restrictions relaxed on pharmacy advertising

Dominating the pharmaceutical scene in recent months has been the judgment on the appeal lodged by some commercially-minded pharmacists against the rigid—regulations—governing advertising by pharmacies.

To the dismay of the leaders of the profession and some of its more conservative members, who fear that the ruling could mark the end of traditional German pharmacy, the highest court in the land decided that the current restrictions were unlawful.

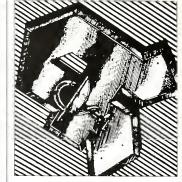
While admitting that rules, which even specified the maximum permitted size of an advert (not more than 40sq cm), were

probably in need of some revision, opponents of the court's decision are worried that it could open the floodgates to a commercialism never before seen in German pharmacy. Nevertheless, legal proceedings against pharmacists contravening the regulations have been reluctantly dropped by pharmaceutical authorities in several German states.

Whether beer mats, the jerseys worn by sports teams or advertising hoardings around football grounds will in future bear the name of a local pharmacy remains to be seen. However, a first experiment in leafleting households in Cologne with

details of specially-discounted lines in their local pharmacy was, according to the organisers, a resounding flop. The advertising ban has only been lifted in relation to GSL items (which account for only 8.5 per cent of average turnover) and even these advertisements cannot be "aggressive, excessive or vociferous".

According to the court, such advertising could undermine the trust in the pharmacy profession or possibly lead to the misuse or abuse of medicines. The difficulty for the regulators in drawing up new guidelines will be in defining the somewhat subjective terms used in the court judgment.



Doctors to face fines

In an attempt to control escalating health costs, the most recent figures released by the health insurance schemes on their expenditure on drugs suggest that some doctors could face crippling financial penalties for over-prescribing last year.

Doctors in nine out of the 23 German states exceeded their budget. Although nationally there was an underspend of 5 per cent, every state now has to balance its own drugs budget.

The figures for the first half of this year are even worse, showing an increase of at least 8 per cent in drug expenditure by the health insurance schemes, compared with the same period last year.

Without drastic cuts in prescribing – which will also have adverse effects on pharmacies – one organisation of GPs has calculated that some of their members in the former West Germany might be asked to repay around \$21,000 to the health insurance schemes. In the former East Germany, this could be as much as \$34,000.

First German pharmacy to be awarded quality certificate

The announcement of the first ISO 9000 award (the international version of the quality management system standard BS 5750) to a pharmacy near Frankfurt has begun a debate as to the relevance and benefit of this quality symbol to Germany pharmacy.

Costing around \$13,000, the certification process is not cheap and it is far from clear whether the cost can be recouped by attracting more customers to a particular shop. German pharmacy is already subject to vari-

ous controls and inspections. Some commentators have questioned whether the accreditation system can assess human factors, such as the advisory competence, the friendliness and helpfulness of the staff, and, above all, the therapeutic outcome. However, more and more hospitals, doctors' practices and health insurance schemes are proudly displaying the ISO 9000 symbol, so it will be interesting to see how many retail pharmacies decide to apply.

Mail order Pill

The London-based Express Medical Services is still claiming to be Germany's first mail order pharmacy (C&D February 10).

A notice seen in a grocery store in Cologne suggests that customers fed up with paying high prices for their contraceptive Pills should phone a number to obtain order forms from the 'English Mail Order Pharmacy', which will supply the Pills at cheap prices, straight to their letter box! Doctors are being circulated with details of the service and offered 5DM (about \$2.15) as a 'thank you' every time one of their patients sends EMS a script.

Money matters

A recent Organisation for Economic Co-operation and Development survey among countries with a highly-developed health-care system showed that the proportion of the total health budget spent on administration was highest in Germany (7.2 per cent) and Italy (6.1 per cent), and lowest in Great Britain and the US (2.5 per cent).

The latest salary agreement between pharmacy owners and their employees gives registered pharmacists a gross monthly pay of around \$2,000-\$2,500 depending on experience, with extra for rota duties. Qualified dispensers will earn \$1,650-\$1,825 gross and general assistants around \$1,500. By December I next year, salaries for staff in the former East Germany will have been increased to the West German levels.

Black sheep revealed by TV

A far from perfect image of pharmacy was revealed by a nation-wide TV programme, which showed pharmacists in Munich and Berlin, allegedly selected at random, exchanging privately prescribed medicines for suncreams and shaving foam at the request of customers.

The presenters of the programme were apparently sceptical about the alleged practice when it was first brought to their attention. However, reporters armed with hidden cameras and private prescriptions for an antidiarrhoeal or antibiotic that had been readily obtained from a doctor found no difficulty in exchanging them for other preparations and cosmetics.

An assistant in one pharmacy stated that the customers engaging in this fraud always headed straight for her boss, or were referred to him by other members of staff. She claimed that some customers came into the shop with a whole pile of prescriptions that were entered on a file index card. The customer was then allowed to select whatever he or she desired up to the value of the prescribed items.

The programme blamed the wheeling and dealing on the recent expansion of pharmacies and the resulting competition between them, which had turned the healthcare profession into a profit-orientated business. ABDA immediately condemned the ille-

gal practice and asked for details so that the perpetrators could be traced and punished.

Pharmacists came in for more criticism in another TV programme, which attacked the fixed price agreement that has operated on P only OTC medicines for more than 100 years and which protects pharmacies from competition among themselves.

However, the programme found one lone pharmacy charging about Dm1 less than the list price for a sore throat remedy, believing it right to pass on wholesaler's discounts to his customers. His nearest competitor was disdainful of the practice, saying he was not willing to haggle over prices!

PHARMAUMundate

Coughs & colds II
Part II looks at management,

product selection and sinusitis /



Hallucinogens Which products are abused and

how they work V



Ethical dilemma

What do you do if a dubious wholesaler offers you drugs on the cheap? VIII

Cold acquaintances

The symptoms of a cold often include cough, congestion, sore throat and general malaise. So when it comes to management and product selection, where does the pharmacist start? Derek **Balon**, community pharmacist and King's College London lecturer, concludes this series on colds with a few suggestions

iagnosis of coryza is not usually difficult, as was discovered in the first part of this article (C&D October 5), but its management can only provide symptomatic relief. There are four major symptoms which sufferers wish to relieve: general malaise with slight pyrexia, the cough, nasal problems and a sore throat. Before discussing these, it is essential to consider patient factors outlined by the mnemonic 'CARE'.

Chronic/Risk Group/Age As usual, all patients at either end of the age scale should be treated with caution. Although some authorities do not accept infants under six months can get a cold, there is no doubt that infants do get 'the snuffles' and they may be managed with simple remedies to relieve the major problem at that age: the blocked nose.

Teenagers suffering from a persistent sore throat and feeling 'poorly' may have

glandular fever (infectious mononucleosis), especially if the glands in the neck, axilla and groin are enlarged. These patients should be referred.

The elderly have had considerable experience of cold symptoms and they are often in the best position to decide if referral is required. Ask if they feel the current attack is different from

previous attacks; if it has lasted longer; if it is more severe; or if they are unhappy with their current condition. If so, they should be referred.

Risk groups of patients include asthmatics, bronchitics, patients with emphysema and cystic fibrosis. This is because there is a possible decrease in lung efficiency in these patients.





THE COLLEGE OF PHARMACY PRACTICE

This article (module 32), in SSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D DECEMBER 14, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be aware of specific patient needs when managing
- To be familiar with the range of products available for the different symptoms of colds
- To recognise sinusitis as an additional complication
- To be aware of the contraindications and drug interactions of OTC remedies

Management strategies may be influenced by patients with hypertension and diabetes.

Allergies

Sensitivity to aspirin is well established in some patients and should be considered when proposing drug treatment.

Reaction of proposed medication

Reaction to some of the drugs used to relieve the general malaise and headache is significant. Aspirin and ibuprofen cause stomach irritation. Asthmatics should also avoid these. Some compound cough medicines contain antihistamines which cause idiosyncratic stimulation, especially in

Continued on PII

Continued from PI

Heldren, Sympathomimetic annes should not be taken hortly before bedtime as they can cause sleeplessness.

Establish patient preference

There is a tremendous diversity of products marketed to relieve cold symptoms. Some are targeted to specific organs, while others have a broad spectrum of activity. Furthermore, the pharmaceutical forms varv.

Allow patients to select the product which most closely matches their wants: their needs are probably less important as colds are selflimiting minor ailments. As many cold remedies contain headache relieving drugs, it is important to establish potential interactions (see 'Headache', Pharmacy Update *C&D* July 6).

Product selection

It is not surprising that OTC medicines to relieve the symptoms of colds represent the largest category of sales, with a value in excess of £215 million (17 per cent of the entire OTC market) in 1994. There are four major concerns of sufferers: cough, nasal problems, sore throat and general malaise (with slight pyrexia).

Cough

Non-productive coughs (about 20 per cent) are less common than productive and provide little benefit to body function. However, productive coughs remove unwanted material from the lungs. While it is reasonable to use cough suppressants for the non-productive cough, they should not be prescribed for productive coughs.

Suppressants: opiate derivatives codeine. pholcodine and dextromethorphan

These act directly on the cough centre of the brain to depress the cough reflex. The major problems with opiate derivatives is the potential for addiction and constipation. Pholcodine and dextromethorphan are the drugs of choice. At the doses employed for cough suppression, little respiratory depression occurs.

Antihistamines: pheniramine, diphenhydramine, promethazine, triprolidine These owe their activity to their antimuscarinic, rather than their antihistaminic, effects. They partially exert

Table 1: significant cough medicine/drug and medicine/patient interactions

Medicine containing

Sympathomimetics

Antihistamines

Drug interaction

Antihypertensives Beta-blocker **MA01s**

Sedatives Antimuscarinics

Tricyclics

Disease

Hypertension Diabetes Thyroid

Glaucoma Epilepsy

Prostatic hypertrophy

their action by reducing stimulation of the cough reflex. Their antimuscarinic action also reduces bronchial and nasal secretions. Their sedative properties may be of benefit to some patients, especially to help induce sleep. Diphenhydramine is stated to have a direct suppressive action on the cough centre. Drug interactions and other problems are shown in Table 1. These compounds are also of value to relieve other cold symptoms (see later).

Expectorants: guaiphenesin, ammonium salts, ipecacuanha and others

At high doses, all the expectorant drugs induce vomiting and it is postulated that at the lower dose they stimulate bronchial gland secretion. Thus their mode of action is reputed to be to increase watery secretion in the lung, reducing the viscosity of mucus, thus assisting the natural cough process which removes phlegm. Guaiphenesin has no contra-indications and therefore may be safely employed with patients with hypertension and diabetes.

Demulcents: glycerol, honey, syrup

These are reputed to act by coating the pharyngeal area, thus offering some protection against inhaled irritants. Their major effect may be the patient's belief that they soothe the cough (placebo effect), but as they are pharmacologically inert and may have a positive action, they have some use in management. Since they have a high carbohydrate content, caution should be exercised by diabetics. They are frequently in the form of pastilles or lozenges.

Decongestants These are divided into sympathomimetics, bronchodilators and inhalations.

Sympathomimetics include pseudoephedrine, phenylpropanolamine and ephedrine. While these agents are bronchodilators, their presence in cough

mixtures is probably more related to their vasoconstrictor property. This results in decreased blood flow to the mucus membranes and thus reduces secretion, both in the nasal passages and the lung. For cough relief they are used systemically while local application is valuable for nasal problems (see later).

Their vasoconstrictor action has a direct effect on blood pressure. Thus they are not suitable for hypertensive patients. Pseudoephedrine has been shown to have little effect on normotensive patients while ephedrine has the most marked pressor activity.

They all have a direct effect on metabolism and should not be taken by diabetics or those with thyroid problems (see Table 1).

Theophylline is a bronchodilator which is included in some OTC preparations. It causes smooth muscle relaxation but its mechanism of action is not fully understood. The concentration employed in OTC cough remedies may be sub-therapeutic for adults but because of the low dose they are safe. However, pharmacists should ensure the patient is not taking a xanthine from another (prescribed) source.

Inhalations can help productive coughs by reducing phlegm viscosity. There are two approaches to this: by increasing oral fluid intake or by inhalation. A cool moist mist or water vapour (cooled steam) are suitable and probably as pharmacologically effective for a cough as inhalations containing the terpenes.

Nasal problems

Both congestion and a runny nose respond to the same therapeutic agents. In many cases, the same class of agent may be for either topical or systemic administration.

Sympathomimetics Includes all those listed above plus phenylephrine. All the comments above apply to

their use as systemic nasal decongestants.

Preparations for local administration may also contain the metazolines. These act locally by vasoconstriction, reducing blood flow and thus secretions. They are absorbed, but the blood drug level is normally sufficiently low to preclude serious patient/drug interaction. Thus they may be used with caution by the mildly hypertensive and orally controlled diabetic. The one contraindication is for patients concurrently taking MAOIs.

Continual usage (more than five to seven consecutive days) may produce rebound congestion. Dosing frequency with the longer-acting metazolines is twice or three times a day, while the shorteracting ones require three to four applications daily. Sprays are preferred for adults as the force required for administration results in better penetration of the medication.

Selection of the oral or local administration route is mainly patient dependent.

Antihistamines

Products as listed above. These reduce secretions through their antimuscarinic action. They are usually employed in combination cold relief products and the nasal activity is a side action of the drug.

Terpenes and volatile oils These are used as inhalations and, although there is little evidence to suggest they have any pharmacological activity on the lung, recent work suggests that they have some antimicrobial action and may have a complex role in such therapy. Their main role is thought to make the carrying of water vapour and droplets of inhalations more acceptable to the patient. This does not explain their use on their own (inhalation capsules).

Sore throat

The majority of sore throats (80 per cent) are viral in origin and no products currently

Continued on PIV >

POLITENOTICE

For prescriptions written as diclofenac EC, MR 75mg Caps or diclofenac DR 75mg Caps.

You are obliged to dispense:



Please note:

Motifene 75mg may also be dispensed against diclofenac 75mg mr, Caps.



Motifene 75mg Abbreviated Prescribing Information. Presentation: Blue-capped, colourless capsules containing 75mg of diclofenac sodium in a dual-release, pelletised formulation. 25mg of diclofenac sodium is presented as enteric-coated pellets, the remaining 50mg as sustained release pellets. Indications: Rheumatoid arthritis, osteoarthritis, low back pain, acute musculo-skeletal disorders (e.g. periarthritis, tendinitis, tenosynovitis, bursitis, sprains, strains, dislocations), relief of pain in fractures, ankylosing spondylitis, acute gout, control of pain and inflammation in orthopaedic, dental and other minor surgery. Not suitable for use in children. Dosage: One capsule once or twice a day, preferably just before a meal. Non-steroidal anti-inflammatory drugs should be



used with caution in the elderly. **Contra-indications**: A known sensitivity to diclofenac, active or suspected peptic ulcer or gastro-intestinal bleeding, asthmatics in whom attacks of asthma, urticaria or acute rhinitis are precipitated by other non-steroidal anti-inflammatory drugs including aspirin **Precautions**: Patients with a history of gastro-intestinal disease, severe hepatic, cardiac or renal insufficiency (including the elderly) should be monitored closely during treatment. Patients with a bleeding diathesis or other haematological abnormality. **Pregnancy** and Lactation. Coadministration with lithium, digoxin, methotrexate, oral-hypoglycaemic drugs, oral anticoagulants, potassium sparing diuretics, other non-steroidal anti-inflammatory drugs, cyclosporin. **Side-effects**:

Occasionally reported: nausea, vomiting, diarrhoea, epigastric pain, headache, dizziness, vertigo, rashes or skin eruptions. Rarely reported: gastro-intestinal bleeding, peptic ulceration, drowsiness, tiredness, urticaria, liver function disorders, oedema, hypersensitivity reactions. Legal category: POM. Pack details: Motifene 75mg capsules (PL 8265/0003), basic NHS price £14.99 per blister pack of 56 capsules. Full prescribing information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP.

Date of Preparation: March 1996

M75F9602

available have a strong
we wird activity. Cold-related
was throats are also

paiginally viral but secondary pacterial infection may occur. As sore throat preparations have little pharmacological action against the causative agent, there is little to choose between them. Recently, formulations containing local anaesthetics have been marketed.

• Antibacterial agents
The major agents are either phenols or surfactants.
Povidone iodine has a broad antibacterial spectrum and some antiviral activity. It must not be used by thyroid patients or those who are sensitive to iodine.

Demulcents

Gelatine and glycerol form the basis of these types of products.

Anaesthetics

Benzocaine, lignocaine and amethocaine are the major agents. Benzylamine may be used because of its antiinflammatory effect.

Lozenges and pastilles provide a suitable method of administration and their major benefit, apart from the placebo effect, is that they stimulate salivary flow, which acts as a demulcent and soothes the pharynx.

Gargles, mouthwashes and sprays have little antiinfective effect. Gargles mechanically remove bacteria from the throat but the bacteria returns to its original level within the hour. Local anaesthetic sprays and gargles are available.

General malaise

The general feeling of being ill with a slightly raised temperature is common with the common cold. Treatment is with either aspirin, paracetamol or ibuprofen (see 'Headache' article, *C&D* July 6).

Minor headaches may occur in the initial stage of coryza but sinusitis is common. It is worth remembering the following points:

- aspirin is not suitable for children under 12 years old
- ibuprofen may provoke asthmatics to have an attack
- aspirin and ibuprofen cause stomach irritation
- paracetamol is present in many products: be cautious on the maximum daily dose.

Combined products

Many of the commercially available cough preparations are various mixtures of the above agents. Although modern preparations are less prone to illogical combinations, unfortunately many still exist. Thus the combination of an expectorant with a suppressant is clearly dubious.

Some older preparations contain 'galenicals', such as squill extract, capsicum tincture, acetic acid, valerian extract, lobelia tincture and so on. There is little evidence to suggest they act in any way other than by their placebo effect.

Similarly, the majority of cold remedies take a polypharmacy approach. Many are sensible but the set drug dose ratio may be inappropriate. The frequently-used 500mg dose of paracetamol is too low: doubling the preparation dose may increase the concentration of other drugs present in the combination product to an unacceptable level. Caffeine is often added to produce some stimulation.

Ascorbic acid is present in some cold remedies. The value of ascorbic acid is controversial. Some research

suggests that low doses may stimulate the immune response. However, large doses, especially if in the effervescent form with sodium bicarbonate, may cause renal stones and alter blood sodium levels (caution in hypertension).

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Tackling the complication of sinusitis

While this is not strictly a direct result of a cold, it is frequently present in patients who have coryza. The two major facial sinuses (frontal and maxillary) may become inflamed and painful.

Incidence

Sinusitis is a common condition, 16 per cent of adults stated that they had had it within the last year and 6 per cent had reported it within the last two-week period. There is no sex differentiation.

Causes

The pain is usually caused by either increased pressure within the sinus or inflammation of the sinus walls. Inflammation may be the result of either bacterial or viral attack.

Pathophysiology

The sinuses involved are spaces in the bones around the nose, cheeks and eyes. They are lined with mucus glands which produce about 800ml of fluid each day. This fluid usually drains from the sinus through a duct into the back of the nose. This duct may become obstructed when patients have a cold or hayfever, which results in reduced drainage. Pressure then builds up in the sinus leading to sensory nerve pain. Viral or bacterial invasion of the sinus results in inflammation with a similar result. Frequently, both events occur simultaneously, the latter as a result of the former.

Patient presentation

Sinusitis is often associated with other symptoms, including those of the common cold, allergic rhinitis (seasonal or perennial) and a blocked nose.

Presentation of a headache associated with some of the other symptoms of a cold is not

other symptoms of a cold is unusual. The location of the headache is crucial.

Questions to ask

- Where is the headache?
- Is the pain worse on bending down?
- Is there any purient

discharge?

Do you have any nasal congestion?

Diagnosis

Symptom complex

The prime symptom is the headache. Nasal congestion or, more rarely, a runny nose. Nasal problems are not always apparent. Sometimes a purient nasal discharge.

Region

Frontal sinus region: above and below the eyes.

Universal factors

Often associated with a cold or allergic rhinitis. Made worse by increased head blood pressure by bending down (head lower). Worse on waking up in morning (nasal congestion at worst and sinuses least likely to drain).

Time/intensity

May be so severe as to incapacitate the patient. Insidious onset and may continue until the nose problem is resolved.

Natural history

Onset with nasal problems, little change with time, may be worse in morning or when laying down.

Your current medication
 Very few drugs will induce this problem.

Management

- Chronic/Risk Group/Age
 Patients at either end of the age
 scale.
- Allergies

Patients sensitive to aspirin.

Reaction of proposed medication

Aspirin and ibuprofen can cause stomach irritation. Asthmatics should avoid these.

• Establish patient preference Allow patients to select the product they prefer: systemic, drops or sprays.

Product selection

The aim of treatment is to allow the sinus to drain and reduce the pain. Decongestants, systemic or topical, are reasonable. The pain may be controlled by any minor analgesic. Both these are discussed above and should be referred to.

Table 2: some personal treatment thoughts

Drug therapy:

Sore throat

lozenge gargle local anaesthetic surfactant (severe: with local anaesthetic) povidone iodine benzocaine

Nasal congestion systemic

topical

sympathomimetics sympathomimetics (drops or spray)

Cough

productive non-productive guiaphenesin/sympathomimetics dextromethorphan

Headache/fever

aspirin or paracetamol

Sinusitis

sympathomimetics (systemic, drops or spray) with an analgesic inhalation

Non-drug therapy

General

rest warm drinks

Virtual reality

The wide range of hallucinogens available, whether synthetic or natural, makes their misuse more difficult to control. Dr Rod Tucker, a community pharmacist whose interest in drug abuse led to the creation of the Freelance Needle Exchange scheme in NE Lincolnshire, gives an overview of these mindaltering drugs

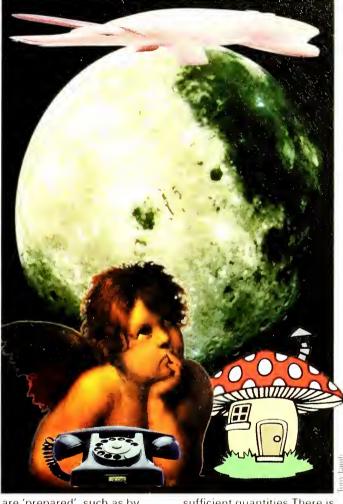
ny drug which produces alterations in sensory perception and thought processes is termed a hallucinogen. However, such a definition does not embrace the range of effects which are produced by such drugs. These effects are best described as sensory distortions. Other terms which have been used to describe these effects include psychomimetic (ie psychosis mimicking), psycholytic (mind-loosening), psychodysleptic (mind-disrupting) and oneirogenic (causing dreams).

In 1956, psychiatrist Humphrey Osmond first coined a term which has become more widely associated with the hallucinogens and by which such drugs are often known: psychedelics.

Natural sources

Very little is known about the modern usage of hallucinogenic (or magic) mushrooms in the UK. The most recent statistics, from the British crime survey, reported that 10 per cent of those aged between 16 and 29 had used magic mushrooms.

The legal status of magic mushrooms and other natural hallucinogens is not straightforward. In their natural state, simple possession of the drugs, such as psilocin, is not illegal. It is only when the mushrooms



are 'prepared', such as by boiling, crushing or even slicing the mushrooms, that the substances become controlled drugs.

These are the common naturally-derived hallucinogens.

• Psilocybin and psilocin
Perhaps the most famous of
the naturally-occurring
hallucinogens are the socalled magic mushrooms.
These toadstools, in particular
Psilocybe mexicana, contain
the hallucinogens psilocybin
and psilocin. The most
common variety of the
mushroom seen in the UK is
the 'Liberty Cap' (Psylocybe
semilanceata).

Bufotenine

This hallucinogen is found in the fly-agaric mushroom (Amanita muscaria), which is also poisonous. As well as its hallucinogenic properties, bufotenine is also said to cause rages if taken in sufficient quantities. There is ample evidence suggesting that the native tribesmen of North East Asia and Siberia, and the Vikings used the flyagaric mushroom.

Mescaline

This is derived from the peyote cactus (lophophora williamsii), which is native to Mexico and the south western United States. It has been used as part of religious ceremonies for centuries by the Aztec Indians who believed that pevote was a sacred herb placed on earth by the gods. Even today, peyotism is a recognised religion of native Americans and, since 1979, the religious use of peyote has been exempt from Federal US drug abuse laws.

• Other natural agents Morning glory seeds contain lysergic acid amide, which is

related to lysergic acid



This course (module 33), in association with multiple choice questions being published in C&D December 14, provides 1 hour of continuing education

OBJECTIVES

- To recognise the natural and synthetic sources of hallucinogens
- To be aware of the use and misuse of LSD
- To be familiar with how normal sensory responses are achieved
- To understand the mode of action of hallucinogens
- To recognise the physiological and psychological effects

diethylamide (LSD), though it is only about one tenth as potent. If the seeds are eaten, they pass through the tract without effect. However, if the seeds are chewed, then the effects come on within 90 minutes and are similar to those of LSD.

Nutmeg is also known to contain hallucinogenic amphetamines, called elemicin and myristicin. The powder is eaten or snorted and low doses result in euphoria, light-headedness and CNS stimulation. However, high doses give rise to hallucinations coupled with agitation, anxiety or vomiting.

Synthetic drugs

The synthetic hallucinogens have attracted more attention with regard to drug misuse. These include the following drugs.

• LSD

The most famous of the synthetic hallucinogens is undoubtedly LSD (d-lyseric acid diethylamide or LSD-25). It is derived from lysergic acid

Continued on PVI

Continued from PV

much is obtained from the eqot fungus that grows on pa and wheat. It was first synthesised in 1938.

Five years later, Albert Hofman, a Swiss chemist, working for Sandoz in Geneva, accidentally experienced the first LSD 'trip' while searching for a respiratory stimulant.

Phencyclidine

Also known as PCP, angel dust and hog. It was first developed in the 1950s as a general anaesthetic, though it was withdrawn in 1965 due to the undesirable side-effects it produced, such as convulsions and hallucinations. During the 1960s, the drug was re-marketed as an animal anaesthetic, but was soon offered for illicit sale (either snorted or injected).

The effects of PCP, which can be experienced with as little as 5-10mg, are similar to other hallucinogens, though dependence has been seen. However, once the effects wear off, it can produce an irritable depression. It is often found as an adulterant in street samples of LSD.

Ketamine

This is a shorter-acting anaesthetic, also known as Special K. This derivative of PCP was first made in 1962, and is still used today. It was first used illicitly in the US during the early 1970s, either snorted or smoked. In the UK, use of ketamine seems to have increased alongside the use of ecstasy. As with PCP, ketamine produces a dissociative state, making the user feel detached from themselves. It can also cause catelepsy, which results in the person being unable to move until the effects are worn off. Ketamine is currently not controlled by the Misuse of Drugs Act and it is believed that most of the drug is obtained by diversion from legitimate sources.

• Antidepressants
There are reports of people injecting fluoxetine. The general availability of the newer anti-depressant drugs, such as seretonin re-uptake inhibitors, have created a new breed of substance misusers. While such drugs have a legitimate use, they are all too often freely available and subject to misuse.

Other synthetic drugs
These are mainly phenylethylamines and related to the hallucinogenic amphetamines, such as ecstasy. These include DPM (2,5-dimethoxy-4methyl amphetamine) or, as it became known on the street, STP

(Serenity, Tranquillity and Peace). Other hallucinogenic amphetamines include PMA (paramethoxyamphetamine) and TMA (trimethoxyamphetamine), though mescaline found in the peyote cactus is an amphetamine-based compound.

LSD use and misuse

In the 1950s, LSD was perceived as a psychotherapeutic tool. It was used in a number of areas, such as treatment of alcohol and drug addiction, to give insight into the pathology of a condition, such as personality disorders, and to help in jogging the memory of repressed individuals.

The potential use of LSD by military forces was explored by the CIA, which envisaged the drug being used to aid in the interrogation of captured enemies, as well as some sort of mind-controlling agent. Moreover, much of the academic research into LSD was fund by the CIA.

In the 1960s, the illicit use of LSD began to take over from its therapeutic application. At Harvard medical school, information on the effects of the drug was fed back to one of the psychology professors involved, Timothy Leary. He

later conducted his own research into the effects of LSD and conceived the notion that the drug represented a chemical 'key' which opened up the mind to new levels of self-awareness.

LSD became associated with the emerging 'hippy' culture and its use reached its pinnacle during the 1960s, with many famous writers and musicians being heavily influenced by the drug. LSD was made illegal in 1966 and, after the 1971 Misuse of Drugs Act, it was ranked as a Class A drug.

Though the 1970s saw a decline in LSD use, interest in the drug seems to have grown (according to greater Customs seizures of the drug) during the late 1980s in line with the emergence of 'acid house' music. The recent British crime survey, reports that 9 per cent of respondents have used LSD.

Today, LSD is normally sold as microdots – blotting paper squares (around 1cm) impregnated with the drug. Each microdot costs £5-£10, is normally sucked, and carries colourful images.

Mode of action

The precise mechanism of action of LSD and all the hallucinogens is not fully

understood. All the hallucinogenic drugs can be divided into two chemical types – the indolylafkylalmines and phenylafkylamines. Both structural features are present in neurotransmitters.

It is important to understand how input of sensory information to the high centres of the brain is controlled in order to understand mode of action.

The level of brain activity is controlled by the ascending reticular system in the brain stem. Certain regions of the brain stem, such as the locus coeruleus (LC) and the raphe nuclei (RN) appear to play an important role to moderate the amount of sensory information which is received by the higher centres of the brain. It is known that 5HT (serotonin) is one of the main transmitters involved and acts to inhibit the flow of sensory information, possibly to protect the brain from sensory overload.

LSD may work by removing the inhibitory action of 5HT, specifically in the RN, either pre-synaptically, post-synaptically (as an antagonist) or even by being a partial 5HT agonist itself. While each theory has some merit, the discovery of 5HT

receptor sub-types and the fact that LSD causes the release of noradrenaline in the LC, makes a description of the action mode complicated. It is currently thought that LSD acts as a partial agonist at the 5HT2 receptor since specific antagonists for this receptor, such as mianserin, can block many of the behavioural effects of LSD.

General effects

The effects of LSD and other hallucinogens are well defined, though they are heavily dependent on the user's expectations and environment. Typically, LSD tablets contain 75mcg, though the dose required for a full-blown 'trip' is anything up to 150mcg. The effects start about 30 minutes after taking the drug and peak after about six hours. The effects gradually wear off over the next 12 hours.

There are few significant physiological changes which occur after taking LSD. After taking a dose, there is a slight rise in blood pressure, pupil dilation and increased muscle tension, which can result in tingling and numbness of the toes and fingers and slight ataxia.

In the long-term, LSD and other hallucinogens produce

few adverse effects. In animal dependency models, LSD and other hallucinogens are not self-administered, suggesting that they are not physically addictive. However, tolerance to the effects and crosstolerance with other hallucinogens does develou. which suggests a similar mode of action. While the hallucinogens are extremely potent, they are remarkably safe drugs. LSD has been used in doses of up to 400mcg and still not produced any changes in subjects. In fact, death from overdose is extremely rare and people have survived large doses.

Psychological

Most users report visual distortions and a sharpening of perception together with a sense of detachment. Others report pseudo-hallucinations and the person realises that their hallucinations are unreal. True hallucinations are rare, though there have been a few cases where users have died after believing they could fly and jumping off buildings.

Another effect which is often reported is synasthesia, where senses get mixed up and people start to 'hear' colours and 'see' music. It is worth noting that when LSD

is taken in conditions of sensory deprivation, such as in a darkened room (or even by blind people), the visual hallucinations are not experienced or are severely reduced. It is likely that synasthesia can be explained by the effects of LSD on the SHT system in the LC as discussed earlier.

tine of the adverse effects is the potential for 'flashbacks', which normally last no longer than a few minutes (though they can lest several hours) and can occur months after taking the drug The flashbacks are harmless, but might come when the person is tired or stressed and can be disconcerting. Perhaps the most distressing potential adverse effect is the development of psychosis, though there is no convincing evidence that LSD or any other hallucinogen can induce psychosis. In cases where psychoses have developed in LSD users, it is likely the drug acts merely in a precipitative role in susceptible individuals.

References available on request.

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an old wholesaler colleague offers you an aray of prescription árugs of dubious origin at a knockdown price. You are tempted but do you succumb or resist? Buth Rodgers, an independent pharmaceutical consultant and formerly of the ethics department of the Royal Pharmaceutical Society, traces the consequences of both decisions

teve X owns a small, busy pharmacy. He has, until now, concentrated his ethical purchasing with his main wholesaler, taking occasional advantage of manufacturers' special offers.

One afternoon, he was visited by Alan Y. For several years Alan had been calling regularly as the local representative of one of the generic manufacturers, but that day he explained that he had branched out on his own providing medicines from his car at well below normal wholesaler prices.

A tempting offer? Let's look at two scenarios.

Scenario 1: safety first

Steve had a quick look at the products before asking Alan to leave a price list and call back the following day. The stock, which looked to be of European origin, did seem to be OK. Looking through the list, he was amazed at the prices quoted. They were considerably cheaper than he had been paying, although he did think that the list was rather shoddy, with a limited number of products - all either higher turnover or expensive items. The offer did seem too good to miss, but

Cheap tricks



Steve found it difficult to see how Alan could afford to sell so cheaply.

Steve was not about to compromise his position as a trusted pharmacist, so he decided to make some enquiries. He rang his local Royal Pharmaceutical Society inspector and was advised to ensure that the stock was properly licensed, correctly labelled and in date. He was also advised to check with the Medicines Control Agency that Alan was registered as a licensed wholesaler.

When he did this, Steve was informed that there was no record of Alan. He therefore resolved not to make any purchases. When Alan called, Steve said he wouldn't buy as he already had sufficient stocks.

Alan left, saying that he was hoping to obtain further supplies in a few weeks and would call again when he was next passing. Steve was very relieved not to have been involved when he heard a few weeks later that Alan had been arrested for his unlawful wholesaling activities.

Scenario 2: temptation Steve was interested. The prices Alan was quoting were too good to pass up. True, some of the stock looked a bit tatty, but since they were all strips of tablets which could be dispensed into new cardboard skillets, this would not create a problem. The repackaging would also alleviate questions from his customers about the foreign – Steve thought it was Spanish – writing on the containers.

Steve bought a small amount of stock, paying for it with cash. Alan explained the scrappy hand-written receipt, saying that he couldn't afford proper invoices. He supplied a considerable quantity of stock over the next few weeks and then stopped calling.

Steve had been congratulating himself on the extra profit he was making. It had never crossed his mind that there was anything wrong; indeed, many other pharmacists of his acquaintance were buying from Alan. Steve was therefore shocked to hear about Alan's arrest for unlawful wholesaling.

In addition, he started to worry that in buying from Alan he might have been breaking the law. He had dispensed most of Alan's stock, but on examining the rest he realised that it was not from European countries. Several packages appeared to

be from Mexico and he really couldn't work out some of the others. He decided to dispose of the remaining stock.

Steve wasn't surprised to receive a visit from the RPSGB inspector shortly afterwards. He decided that there was no point in hiding his involvement and cooperated fully. The inspector left saying that the matter would be the subject of a formal report to the law department. Steve later heard that a complaint had been made about him to the Statutory Committee.

Society's stance

The problem of pharmacists obtaining cheap medicines from unauthorised sources is not a new one. As long ago as 1846, the *Pharmaceutical Journal* carried a report of a pharmacist facing prosecution for a similar offence.

The pharmacist is trusted by the public to dispense medicines which are of good quality, safe and efficacious. In addition, he must be satisfied that his sources are reputable. The licensing system set up by the Medicines Act 1968 allows the pharmacist to be satisfied that medicines obtained through the proper system should be of suitable quality, since all stages of the manufacture and supply chains are subject to inspection by the MCA.

A pharmacist by-passing this normal route will be liable for the products and also be expected to provide evidence, if requested, of their quality, safety and efficacy. He must be alert for clues as to the provenance of his purchase, eg 'shoddy invoices', badly packaged drugs, exceptionally cheap prices and inadequate labelling.

There can never be an excuse for ignorance of legal and ethical requirements affecting professional practice, and any pharmacist caught acting outside the expectations of his profession will have to be answerable for his actions.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 14

issue, which will cover this week's CPP-accredited modules, together with those in the November 16 issue.

The MCQ paper for the October modules will be enclosed in next week's *C&D* covering:

- Coughs & colds I (29)
- Inhaler devices (30)
- Chinese herbal medicine (31).
 A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of

results – details are given on the monthly MCQ papers.

C&D in association with

Johnson Johnson MSD

Consumer Pharmaceuticals



Three different perspectives of primary care were presented at this year's Conference of Scottish Pharmacists in Stirling last Sunday. A nurse and a GP joined pharmacist Andrew McGuire in examining the primary care team

Conflict over primary care roles

ne of the problems with current remuneration is that interventions by pharmacists reduce the number of items dispensed, with a resultant loss in income, said pharmacist Andrew McGuire from Blairgowrie.

He went on to speak about pharmaceutical care planning, which has three distinct stages:

- identifying the pharmaceutical care issue
- devising a way to resolve this
 implementing the changes and monitoring the progress.

Pharmacists already intervene widely in clinical problems, but this goes unnoticed due to the lack of a monitoring system, he said.

Mr McGuire has established an anticoagulant clinic as part of a project at W Davidson & Sons pharmacy in Dunkeld. The protocols were developed by a pharmacist and approved by local GPs.

At present, Mr McGuire is collaborating with the local medical practice on a number of issues:

- advice on cost reduction and generic prescribing
- an asthma project
- a repeat prescribing project
- pharmaceutical care planning
- an involvement in direct care

The latest evolution in pharmacy has seen greater emphasis on OTC sales, counselling, collection and delivery, and screening services he said

Threats to pharmacists' current roles will come from deregulation, loss of Resale Price Maintenance, central supply by managed care groups, mail order and other professionals, he thought.

There were opportunities for



Andrew McGuire, a community pharmacist from Dunkeld

pharmacists to act proactively, such as checking prescriptions at the point of issue and in conjunction with clinical information.

The obstacles to progress were the current legal position and remuneration, attitude problems, and education and training.

Mr McGuire advocated forming co-operatives to provide:

- benefit from combined specialities
- regular peer review of work
- the environment for the exchange of ideas
- a reduction in confrontations with other health professionals.

The public perceive community pharmacists as shopkeepers, who are too busy to be interested in them, and incapable of providing clinical input. Consequently, he said, they must embrace further qualifications and education if they are to keep up with the hospital pharmacists in providing services, such as formulary development, better use of PMRs and audit.

In order to maximise their use-

tulness, pharmacists should prioritise which patients need their attention most, eg polypharmacy patients, those on narrow therapeutic index medicaments and patients with compliance problems, Mr McGuire believed.

Compulsory continuing education will not help improve community pharmacists' clinical knowledge because they would not be motivated and do the minimum.

"Remuneration will eventually come for pharmaceutical services. Motivated pharmacists are already providing these services for free, although it requires substantial dedication and time," he said.

Co-operation in practice

In the future, co-operation between GPs and pharmacists will see pharmacists taking over certain segments of GP's work, said Dr James Dunbar of Downfield surgery, Dundee.

His surgery, which has a list of about 7,000 patients, employs two part-time pharmacists. He talked about fundholding for the future in which he saw pharmacists contributing to primary care by:

- helping with patient assessment, monitoring and documentation
- managing medical resources
- education and training
- audit and research.

The pharmacists in his practice have helped with medicine resource management by helping develop a formulary. Previously, the practice had an acute formulary in use to help instigate changes in prescribing since fundholding.

With pharmaceutical input, generic prescribing has increased from 57-77 per cent and has saved £34,500.

Pharmacists have taken over three clinics at Dr Dunbar's practice. The neuropathic pain management was taken over because there was a 40-week waiting list to be seen.

The upper gastro-intestinal tract clinic was a priority because of the high costs of drugs used to treat certain conditions. The anticoagulant clinic was started because of the pharmacist's personal interest in the subject.

Due to pharmacy involvement in the gastro-intestinal clinic, there has been a saving of £27,200 since 1992 in Tayside.

A useful advantage of primary care pharmacists is that prescription problems are dealt with by a practice pharmacist who knows the patient's medical history.

Dr Dunbar was asked about



Dr Jamie Dunbar

the extent of management experience in his practice.

He thought that many doctors were capable managers, but had not been given the opportunities or incentives to fulfil this role.

His practice used total quality management procedures and three afternoon training sessions and a weekend were devoted to management each year.

Pharmacists should make the effort to come to team meetings and overcome problems, he suggested.

Hospital clinical pharmacists had the edge over community pharmacists, but required three months' training in a community environment to become optimally useful, he felt.

Since the release of the White Paper, non-fundholding GPs have realised that they will disappear by 1998 along with the health boards, who will be replaced with primary care organisations.

Commissioners will buy health gain for the first time and pay for keeping the population healthy.

Dr Dunbar thought that the pharmacists in his practice had created themselves a salary from the savings they had made and the improvements in patient healthcare. On this basis, fundholders would have no objection to paying for pharmacy services.

Breaking down the barriers between pharmacies

Competition between community pharmacists is getting in the way of effective team building, argued Karen Lockhart, a senior nurse at Gartnavel Royal Hospital, Glasgow.

Pharmacists' advice would be appreciated by district nurses and by health visitors, who wanted expanded formularies, she said. She felt that there was sufficient work available in the community to prevent any conflict between nurses and pharmacists.

There was a great opportunity for pharmacists to use their communication skills in helping patients with learning disabilities, and pharmaceutical services were viewed as a selling point by private residential homes.

Ms Lockhart agreed that family members should be incorporated into the 'team' because of their desire to help their relative.

If a patient took a prescription for a new medication to a different pharmacy from their usual one, this would result in a break in the 'chain of care' unless pharmacists broke down the barriers between themselves and other pharmacies for the patient's benefit, she said.

Diagnosis at the touch of a button

A touch-screen medical information system for patients and customers is to be developed for community pharmacies. Hadley Hutt Computing will also trial the system in doctors' waiting rooms.

Intouch with Health carries a much wider range of information than similar systems, covering medical conditions, surgical operations, an A-Z of the NHS, health news (including surgery/pharmacy and local health authority information), support groups (local and national), travel clinic (vaccinations, Government advice, etc), healthy living (Health Education Authority guidance) and health directories (a Yellow Pages of local complementary therapists and health services).

The Intouch unit is similar in size to a pharmacy personal weighing machine, with a privacy screen for viewing only by someone standing directly in front.

Information provided on medical conditions is 'part of the body'-based and is intended to supplement the GP's diagnosis, not to be a diagnostic tool in itself. In preliminary trials, the doctor tells one in four patients to use the system after the consultation (a printont of the on-screen advice is available, and this can be charged for at the discretion of the doctor or pharmacist).

Medication data is currently being added to Intouch, so that patients will be able to take away the equivalent of the patient information leaflet (PIL) pioneered in dispensary systems by Hadley Hutt. All data is updated nightly via ISDN lines.



What role will technology have in the pharmacy of the future? Does the Internet present any opportunities for the retailer in the next millennium? Some of the answers were to be found at Electronic Commerce 96, held at Wembley, London, recently

Sections of the database are interlinked so that the user can switch, for example, from the description of a surgical operation to recommended books, a video on recovery, and contacts for any local support group. Some health messages are reinforced by animated video clips.

When trials are completed, Intouch will be available for outright purchase plus data subscription, or on lease. However, health anthorities have indicated an interest in funding the savings in GPs' time, and there are opportunities for sponsorship and advertising on the system which the UK developer, Brann, believes should make it self-financing.

Midlands' community and hospital pharmacists who saw the system recently gave the idea an enthusiastic welcome and endorsed additional pharmacy facilities resulting from experience with the system in the US and other countries. Hadley Hutt Computing can be confacted on 01905 795335.

Caught up in the net of the future

As more and more business is conducted electronically, even the greatest technophobe must admit that the Internet is set to have a lurge impact on future electronic commerce.

John Axtell, group IT director of Boots, predicts that his company will be dependent on the Internet for its success in the future. Information exchange is the key to developing partnerships—with—suppliers, wholesalers and trading partners worldwide through Internet technology, he says.

The traditional electronic exchange of documents in a structured form (EDI or electronic data interchange) is largely irrelevant when connunicating with the wider business community, Mr Axtell con-

tinues. EDI is most commonly used for purchasing, EPoS, distribution, orders and invoices. It is generally costly for the smaller business, such as a pharmacy, as the retailer and the supplier both need compatible hardware and software to be able to communicate, and these systems tend to be cost prohibitive.

Boots, which has the largest EPoS system in Europe, is developing its own secure site on the Internet, rather than continue working on costly bespoke systems. Sharing information with business partners, says Mr Axtell, leads to cost savings, improved customer relations and greater efficiency.

The Electronic Commerce Association has a Health Interest Section, which is divided into two sub-groups: the Healthcare group promotes the use of electronic commerce techniques within the healthcare industry; the Health Trade group promotes the use of EDI and other electronic commerce technologies within the health trade industry, raising the awareness of the benefits of EDI applications. For further details, telephone 0171 432 2500.

Mr Axtell believes retailers that can operate without stores will be the winners in the future – for example, home shopping with home delivery. Whether he sees Boots travelling along this path is a matter for debate. The implications for pharmacy are also far-reaching.

Lemsip's 12 Weeks of Christmas – Week 5

Reckitt & Colman, the makers of Lemsip, welcome you to Week 5 of our Countdown to Christmas. As more and more customers head for the pharmacy, have you been asked advice on areas four you would like to know more about? Reckitt & Colman are at hand offic Week 5's Christmas present. Four placing its will be able to bone up on the arch conaccutrical knowledge thanks to bont, whethers worth £25.

One same on to keep a cold at bay is to offer one of the feading cold and flu products. Lending Original – hot lemon, a pleasant-fasting and drink can effectively reheve colds, this and a blocked nose, fast. Warming soothing and comforting. Lemsip Original has a long heritage as a successful, fried and tested cold and flu product

To win your set of book vouchers just answer the following question.



Lemsip Original (paracetamol Ph.Eur and phenylephrine HCI BP – GSL) was lirst launched as Lem-Sip. In which year was this?

a) 1967 b) 1968 c) 1969

Send your answer on a postcard to: Lemsip/Chemist & Druggist Competition, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW by November 23.

Lemsip is also available in Blackcurrant and Menthol Extra variants. Lemsip Menthol Extra contains the same ingredients as Lemsip Original and Blackcurrant hot drinks, but with added menthol vapours. The hot drink format also helps to ensure adequate fluid intake during your cold.

See you next week. Watch this space!

Lemsip Original, Lemsip Blackcurrant and Menthol Extra (GSL) are manufactured by Reckitt & Colman Products at Dansom Lane, Hull 11U8 7DS from whom further information is available on request.

Lemsip is a trademark.

Rules

The competition is open to pharmacists only 2 Only one entry per person written on a postcard will be accepted 37 lice competition is not open to employees of Reckitt & Colman, Miller Freeman or their agencies or relatives 4 Entries received after November 23, 1996, will not be eligible 5 The first correct entry drawn at random after the closing date will be awarded the prize as stated 6 The judges? decision is final and no correspondence will be entered into 7 Reckitt & Colman reserves the right to use any submissions for future juddicity 8 No cash afternative will be offered. NB Entries will be drawn after two weeks—any late entries will not be eligible.

Any teddy bears going spare?

re Benenden Hospital we have mextraordinary man as a mired consultant surgeon, Whatrice Frohn. Since his retirement, he has visited Chernobyl, the site of the horrific nuclear accident on April 28, 1986.

Since then, the world has seen other disasters and seems to have forgotten Chernobyl. But Mr Frohn recently gave our staff an update on life in the Ukraine. Did you know that out of 140,000 children in the Chernobyl district only 1 per cent are perfectly healthy? That is only 1,400 of 140,000.

These children suffer from the Chernobyl syndrome of motor nerve wasting, muscle paralysis and contractures as a result of radiation of the nerve cells in the brain. Malignancies and deep-seated brain disturbances are rapidly increasing.

Medical services are primitive – surgery is performed with basic anaesthesia – no pain relief is available nor chemo- or radio-therapy. Asthma treatment consists of eucalyptus inhalation.

We are organising a collection of soft toys for these children. Soft toys may seem a small contribution, but we are

assured that TLC and a few comforts are as necessary to these children as medical care.

As Christmas approaches, we are sure that many parents are looking to have a toy box clearance and we appeal to you for your soft toys or suitable small children's toys for these deserving children. Please send any donations to Chernobyl Children's Appeal, Benenden Hospital, Cranbrook, Kent TN17 4AX

Lesley Grice Staff pharmacist, Benenden Hospital

Dispensing spectacles through pharmacy

Xrayser's comments are always entertaining, but occasionally miss the point; his analysis of dispensing spectacles through pharmacy has done so (C&D October 26). Xrayser did not mention the three most important points 1 Patients benefit enormously from the service. They have access to the same or better quality of spectacles at far lower prices, typically paying under £35 in a pharmacy, compared with over £90 through an optician. 2 The Unichem scheme in no way undermines the role of the ophthalmic optician. Spectacles will only be dispensed against a prescription written by an optician.

3 Pharmacists benefit in two ways: first, the scheme is a natural extension into a related healthcare market and reinforces the role of the profession within the primary healthcare sector; and secondly it provides a valuable additional profit stream at a time when many pharmacists are struggling financially.

Xrayser's final point was that he does not feel qualified to dispense spectacles. Quite right, but then he has not had the benefit of Unichem training. If he had, I feel sure his concern would disappear.

It is a pity that, when an innovative scheme is developed from which both patients and pharmacists benefit, Xrayser's position should be so negative. What the profession needs now is more constructive schemes of this nature – and Unichem is determined to continue to find them.

M E Thomas

Director of corporate development, Unichem

RIP NHS - it's all gone local

It is clear from the reading of the White Paper on primary care, 'Choice & Opportunity', that the health service is now moving from a National Health Service to a Local Health Service.

A health authority or board will consider how much of these 'local' services they wish to purchase, and how much they propose to pay. Will the payment include overheads?

There might be different entry criteria and variants of service for different patient types and in different localities within a single health authority or board. How many

negotiations and for what sums of money?

They would determine these arrangements following consultation. NHS community pharmacies would then apply to provide the services (in competition with other salaried professions?). The health authority or board could then choose which applications to accept.

Your excellent article 'Hours of burden' (*C&D* October 19) will look very tame indeed in the near future. Community pharmacists in a competitive and hostile local environment must now go on courses to write bids, develop and deliver their services. Can you see the vultures hovering?

Knowing that financial reward is a major recognition of service, what does this say about the thinking of the decision-makers? What role will the Society and PSNC play?

Hemant Patel *Dagenham*

Rabble-rouser in retirement

In *C&D* October 19, you carried a letter from the former chairman of PSNC, David Sharpe, who has in the past criticised, as he put it, 'rabblerousers', when pharmacists tried to get a better deal from the NHS for their colleagues.

Now, in his 'retirement' he has himself taken to rabble-rousing by calling upon pharmacists to de-stock Unipath products in protest against exclusive marketing arrangements with Boots.

Welcome aboard, David, better late than never (although the target, I have to say, is much softer). Nevertheless, on this occasion I and others are happy to follow your lead!

S K Bagga

East Ham, London

Window dressing to thrill ...



A Castle Cary pharmacy has won first prize in the local chamber of commerce's window dressing competition. The winning display at A O Bond Pharmacy had a Halloween theme and featured witches, ghosts and cats. Pharmacy assistant Gabrielle Purnell is pictured receiving a trophy from Dave Higgins, chairman of the Castle Cary Chamber of Commerce



SB to undertake major pharmacy training drive

Smithkline Beecham is setting up a programme to improve the retailing skills of pharmacists and their staff.

The company has spent \$500,000 on getting the scheme off the ground, including research that suggests that many pharmacists want to develop their business management and 'people' skills.

It is currently running a pilot

operation with six independent pharmacies.

SB is finding out how many pharmacists want to be involved and it is determining how they would like to be taught. The completed scheme could offer various options, such as interactive workshops and audio cassettes.

The company aims to ensure its courses are accredited by top professional bodies. It says it is too early to reveal any names.

Caroline Carter, SB's commercial education manager, says it wants to develop a more 'proactive' approach to training pharmacists. "Companies like ourselves must be more imaginative, instead of just talking about our own strengths," she says.

Pharmacists who want to be involved should contact Ms Carter on 0181 975 1400.

Pharmacies lift Norwest halfyear profits

tracely, awest Co-op's healthchase (1) = 0, which includes more access to pharmacies, is one of the story at forces behind a half-year crystate of 15 per cent to 5, 6 action. Turnover rose slightly to 250m

United Nors as syst he pharmacies it recents in quired have performed better than it had expected. Their prescription earnings have become increasingly important, because the healthcare division's health and beauty sales have been under pressure.

Meanwhile, the Co-op has acquired three new pharmacies: Bentham-based Joe McManus, Peter Cope in Crewe and Smith's Pharmacy in Blackburn. United Norwest will retain the pharmacies' personnel and the outlets will trade under their current names until they have undergone refurbishment.

The Co-op has also opened a purpose-built pharmacy in Kidsgrove, Staffordshire, to service a nearby health centre.

With more acquisitions currently in the pipeline, it has appointed a professional development manager to help with the assimilation of old and new staff.

Zemaphyte on stream for launch next year

Zemaphyte, an oral treatment for severe atopic eczema, could be launched in the UK next year, according to maker Phytopharm.

The company says the marketing authorisation application for its flagship product was completed on schedule. Phytopharm is currently helping the UK regulatory authorities with their deliberations.

Meanwhile, the company reported a pre-tax loss of \$565,000, against the previous year's profit of \$189,000 for the year to August 31. Its turnover fell slightly to

\$934,000 and its R&D expenditure grew 248 per cent to \$1,535,000, compared with the same period last year. Phytopharm says the increase reflects the extra money spent on developing Zemaphyte and other products.

On course for Excellence

Three high-flying pharmacists have been shortlisted for the final of the 1996 Switch Independent Retailer Excellence Awards

The retailers, who are due to contest the pharmacy category, are: Diana Fry of Hugh Chemist in Whitefield, Manchester; Gurd Chahal of Duran Community Dispensing Chemists in Cannock, Staffordshire; and Kay Conway of C Gardner & Daughter in Burnley, Lancashire.

They now enter the final assessment stage, where they will be quizzed by the British Chambers of Commerce judges.

The awards are run in association with the British Chambers of Commerce and are supported by *C&D*.

Finalists from all the categories will be invited to the awards luncheon at the Savoy Hotel, London, on November 21, where the winners will be announced.

Each of the category winners will receive £400 of Forte vouchers and the overall victor will receive a cheque for £5,000.

NVQ courses 'strengthen training process'

B.I Wilson, a Derby-based chain of six pharmacies, has 40 employees involved in National Vocational Qualification courses.

The employees are working towards NVQs in customer service, business administration, and warehousing and retail.

Barry Wilson, the chain's director and superintendent pharmacist, says some of his staff are

close to receiving their NVQ certificates. Those who do will receive a salary rise that reflects their recognised retailing skills.

Mr Wilson says the NVQ assessments have strengthened his chain's training process. "Before, our training was on more of an ad hoc basis. Now we have NVQs, most of the learning is done on the job," he says.



AAH has launched a pilot telesales promotion for its Hillcross generics products. Pharmacies which call the telesales team, based at the company's Warrington branch, will be offered discounts of 15-34 per cent on selected Hillcross lines. The pilot is running in northern England until the end of the year and, if successful, will be rolled out nationwide. Top (left-right): Mark Powsney, a member of the telesales team; Kiersten Ramsden, teleselling manager; Richard Eliot, AAH sales manager; and Pauline Brown. Bottom (left-right): Katherine Wood, Rachel Grapham, Dee Parry and Sue Jackson from the telesales team

COMING EVENTS

TUESDAY, NOVEMBER 5 Northern Scottish Branch, RPSGB

Craigmonie Hotel, Anfield Road, Inverness, 8.00pm. 'Competent to practise pharmacy?' by Dr David Hamilton, University of Glasgow. WEDNESDAY, NOVEMBER 6

Sonthampton & Distric Branch, RPSGB

Joint meeting with the North Hampshire Branch, Moat House Hotel, Winchester, 7.30 for 8.00pm. 'Martindale: a flick of the switch and a spin of the disc' by the editor, Dr J E Reynolds, and a brief presentation on audit and 'Where do we go from here' by Sandy Govan, facilitator of North and Mid-Hampshire Health Authority.

Ayrshire Branch, RPSGB

Piersland House Hotel, Troon, 8.00pm. 'Computerised prescription pricing' by H Balsillie, Pharmacy Practice Division, Edinburgh.

THURSDAY, NOVEMBER 7 Edinburgh & Lothians Branch, RPSGB

37 York Place, Edinburgh, 7.15pm. 'Basic life support training' by Vera Watt, training officer, Edinburgh Health Care Trust.

US group's 400 UK health stores

11.5 group – the General Nutritio (Center – plans to open 400 health and vitamin stores in the UK

The group is valued at about \$1.6 billion and is believed to be the market leader in the \$5bn US health products market.

Its \$40 million investment programme for the UK, which is expected to create up to 2,000 jobs, has a target of six new stores before the end of the year, 60 by the end of next year and 300 by 1999.

The first of these, a 1,000sq ft outlet bearing the initials GNC (General Nutrition Center), was opened in Bristol last week. Another store opened in Oxford this week and a third is to open soon in Bath.

Lines in each store include vitamins, sports products, homoeopathy products, herbal medicines, drinks and formulas. The company does not stock medicines, however.

Each store will be equipped with a touch-screen computer monitor to help customers choose lines that best suit their needs The UK business is headed by Margaret Peet, whose father founded the Health & Diet Group, a chain of 20 shops that GNC acquired for about \$5m last year.

Meanwhile, the US parent company is interested in acquiring Lloyds Chemists' Holland & Barrett healthfood stores. Lloyds bidder Unichem this week talked to all the parties interested in acquiring the chain. Bid rival Gehe has not ruled out selling Holland & Barrett if its move for Lloyds succeeds.

Holland & Barrett has close to 400 stores and is one of the better-performing groups in Lloyds' portfolio. The chain's profits grew 7.5 per cent to a record \$7.8m for the year to June 30. Its turnover rose by 17.5 per cent to \$90.6m.



GNC's health product format will soon be a familiar sight in the UK

COMPANY IN FOCUS

Kenneth R Rutter

● Who's he? Not who, but what. It's a chain of five pharmacies in Leeds and Harrogate, named after its founder, Kenneth Rutter. He opened his first pharmacy in 1947 and found time to hecome chairman of the National Pharmaceutical Association and a board member of Unichem before it became a plc. The chain's current managing director is Richard Rutter, his son. The company proudly boasts the ISO 9002 award for companies that have achieved rigorous standards of quality.

• Why did Richard apply for it? Four years ago, while sitting as a pharmacy representative on a service case, he heard a complainant suggest that pharmacies needed quality procedures similar to those of BS5750. Richard liked that idea. He liked it even more when he found that the Department of Trade and Industry's Enterprise Initiative could help him financially to attain the award.

• What did he do? First, Richard employed Modulus Consultancy to conduct an indepth review of the chain and to draft a quality manual. All pharmacies, he says, should already have quality systems and built-in checking systems. Modulus Consultancy noted and related the chain's procedures to the requirements of the ISO 9002 standard. A number of Rutter's procedures were modified.

As Rutter's pharmacists were involved throughout the accreditation process, they found it easier to adopt the new procedures.

Fifty per cent of the consultancy's fee was paid by the DTI. As an alternative, Richard could have attended a course of advisory meetings and written the quality manual 'in-house'.

• How long did the process take? Two years.

• Has ISO 9002 helped his chain? Richard says its dispens-

ing process has become more accountable. As the ISO 9002 standard requires uniform procedures in the pharmacies, it helps relief pharmacists and it ensures that all procedures are consistent and identifies faults in the performance of its suppliers.

He has also seen improvements on control of orders, credit requests and stock management.

• Would it help me? Richard says: "The ISO 9002 is becoming increasingly necessary for businesses which want to secure contracts with local authorities. In future, health authorities may also decide that ISO 9002 is an assurance that quality proceedings are in place, adhered to and can be monitored."



The Rutter chain performs to rigorous standards

ABPI broadens its appeal

The Association of the British Pharmaceutical Industry is broadening its appeal by creating a new 'affiliate membership' category.

The move is intended to allow organisations, such as 'research boutiques', advertising agencies and finance houses, to benefit from the Association's expertise.

Interested parties face a membership fee of around \$5,000. It is hoped that the initiative will be under way by Christmas.

• The pharmaceutical industry will approve the code of practice proposed by the Department of Health for disease management schemes.

A consultation letter published in May and revised recently indicated how the DoH saw companysponsored initiatives with health authorities being managed.

Initially, the DoH wants to see pilot schemes developed on a local basis, and the industry will be happy to go along with that, says ABPI director Trevor Jones.

M&S denies OTC launches

Marks & Spencer this week denied it is planning to launch a range of own-label OTCs early next year. M&S says pharmaceuticals is an area that it is studying, but stresses it has not decided on a launch.

Lloyds closes pharmacies

Lloyds Chemists has closed down eight pharmacies in the West Midlands. Michael Ward, Lloyds' group managing director, says the pharmacies were operating at a loss.

Asda appointment

Asda recently appointed John Evans as its superintendent pharmacist. Mr Evans is a member of Asda's new business development team.

New Unichem md

Unichem has appointed Stephen May as managing director of its wholesale division. Mr May will sit on Unichem's main board.

New name

Donald Wardle & Son has changed its name to Wardles.

Launches boost Zeneca sales

Zeneca's sales rose 14 per cent to £4.1 billion for the nine months to September 30. Its pharmaceutical sales, boosted by new launches, rose 14 per cent to £1.8bn.

Appointments £25 P.S.C.C. + VAT minimum 3x1 General Classified £23 P.S.C.C. + VAT minimum 3x2 Box Numbers £12.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date All cancellations must be in writing

Contact James Whitston Chemist and Druggist (Classified)

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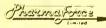
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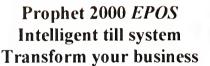
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BOUTpeople

Party political broadcast

You can't knock 'em. When it comes to partying, the Young Pharmacists' Group certainly has the know-how.

By day, it was party politics: each delegate was assigned to either the 'If it ain't broke, don't fix it' Status Quo Party, the 'Slow on the uptake' Reactivist Party or the radical Reformist Party. They were then left to debate hot pharmacy political issues in a mock-up llouse of Commons set under the watchful eye of Speaker of the House Robert Carroll.

By night, the partying changed pace and took the form of a World Leaders Fancy Dress Banquet, drawing dictators, tyrants and do-gooders from around the world. Fortunately, political differences were kept firmly under wraps.



From the great to the infamous (left to right): Julius 'Andrew Burr' Caesar, shortly before he was stabbed in the back; Oliver 'Joel Hirst' Cromwell, looking not so Puritan; Mary 'Fiona Daly' Queen of Scots, with head intact; Vlad the 'Mark Koziol' Impaler, minus stake; Napoleon 'Sultan Dajani' Bonaparte, without Josephine; and Henry 'Katan Purohit' the VIII, dressed to the nines



Sound advice wins prize

Well-chem pharmacy in Seven Kings, Ilford, Essex, has won a local newspaper's 'top shop' prize,

It won the award for giving medical advice and information to a customer, who works at the *Ilford Recorder*, on a round the world trip.

When asked why his pharmacy was successful, pharmacist Rajeev Vasisht said, "We try to treat our customers as friends."



Pretty in pink: as part of the Olbas Oil range's 25th birthday celebrations, romantic novelist Dame Barbara Cartland was invited to tour GR Lane's Gloucestershire factory. Dame Barbara, who is a long-time supporter of natural remedies, cuts the Olbas Oil birthday cake as GR Lane chairman Roger Lane looks on

Quarter century of service

After 25 years on the Wakefield Local Pharmaceutical Committee, the last ten as secretary, Derek Shaw is to step down.

Mr Shaw, who has recently celebrated 50 years as a pharmacist, was presented with a pair of Delft drug jars to commemorate his retirement from the LPC.



Pictured at a dinner celebrating Mr Shaw's long service are (from left): LPC chairman Phil Bratley; Mr Shaw; his wife, Sheila; and LPC vice chairman Keith Hyde

OBITUARIES

Gerald Ealey, group sales director at Wassen International, on October 23, aged 55, after a long illness.

With extensive sales experience in the toiletries and perfumery market, Mr Ealey joined Wassen International in 1982. He soon took responsibility for the company's healthcare products, such as Selenium-ACE, Confiance and Magnesium-OK, and was a well known figure on the Wassen stand at trade exhibitions and events.

Mr Ealey was a most popular and lively personality, and he will be greatly missed by colleagues and business associates. He leaves a wife, Linda, and a married daughter.

William (Bill) Mott of Sheffield, on October 23, aged 77.

W Patterson, communications officer, Sherwood Region, Royal Pharmaceutical Society, writes: "Mr Mott was an MBE and a BA, and was designated as a fellow of the Society in 1972. After an apprenticeship with Boots, he qualified in 1941 and saw active wartime service as a commissioned stretcher-bearing officer.

"On demobilisation, he became the chief pharmacist at Lodge Moor Hospital and, before his retirement, area pharmaceutical officer. "As the chairman and chief negotiator, he was an active member of the Guild of Public Pharmacists.

"For a number of years he served on the Sheffield pharmaceutical branch committee. He was chairman in 1977, when he also took the chair of the local pharmaceutical conference committee. During this time, he also served on the senate of Sheffield University.

"He was a regular attender at British Pharmaceutical Conferences and was noted for his bonhomie and raucous laugh."

He is survived by widow, Joyce, and daughter, Penny.

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